Chemist&Druggist
The Newsweekly for Pharmacy

C&D

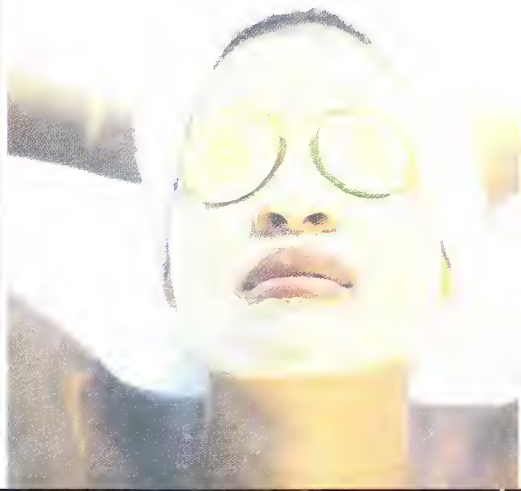
13 October 2001

New scheme for NHS supply of ACBS foods

Multiples size up options in OFT study

BAPW wants PPRS scheme for generics

Seeing through media scares on cosmetics



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kola nut

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A natural way to revive your day

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This

Pharmacy

Regulars

Features

MEDICINES

Gluten-free food via pharmacies

Pharmacists in England will be able to supply gluten-free foods direct to patients from the beginning of December, under a scheme being proposed by the Department of Health.

Pharmacists will have to record what they dispense on a special supply form, which will then be processed by the Prescription Pricing Authority.

The scheme will be available to people who have been diagnosed as suffering from gluten sensitive enteropathies, including steatorrhea due to gluten-sensitivity, coeliac disease and dermatitis herpetiformis.

Gluten-free foods included in the scheme will include those approved by the Advisory Committee on Borderline Substances, but not low protein products.

In the first instance, GPs will issue diagnosed patients with letters saying they are entitled to join the scheme. In future the PPA will issue certificates to patients. Normal prescription charge arrangements will apply.

Pharmacists will be reimbursed for the cost of the gluten-free food and the Pharmaceutical Services Negotiating Committee is discussing with the DoH whether an additional fee should be paid for supply.

Pharmacists will be expected to supply reasonable quantities of gluten-free food, challenge requests for unusually large quantities, and supply smaller quantities if appropriate.

Dispensing doctors will still be able to write and dispense prescriptions for gluten-free foods for patients if they wish.

The scheme was one of the recommendations in the report *Making a Difference: Reducing GP Paperwork* published in March.

The proposals were announced on September 28, but the consultation closed on October 12.

- The Coeliac Disease Resource Centre, an information service for health professionals from Nutricia, has updated all of its resources as well as its Glutafin patient website. The new look is launched with the latest edition of *Coeliac Forum*, which considers the role of the pharmacist in advising coeliac patients. Copies of *Coeliac Forum* are available from the CDRC on 01225 711566.

For more information:

www.doh.gov.uk/glutenfree

E-mail: *chris.clark@doh.gsi.gov.uk*

PRACTICE

Scottish drug misusers to get citric acid

Community pharmacists in Scotland will be supplying drug misusers with sachets of citric acid as part of a needle exchange programme.

Those pharmacists already included in the needle exchange scheme in Greater Glasgow and Lanarkshire Primary Care Trusts will begin supplying the sachets this month.

The aims of the project are to:

- reduce injection site-related injuries
- reduce fungal infections such as candida.

By using the small amount of citric acid in the sachet, it is hoped that drug misusers will be discouraged from using other acids such as lemon juice, vinegar or kettle descaler.

Pharmacists taking part in the scheme have had training and will receive guidance leaflets.

One citric acid sachet will be supplied with each syringe, along with a card with warnings and advice for the client.

The project has funding to run for a year and will be evaluated by the Scottish Centre for Infection and Environmental Health.

Questiontime

Are you happy with the repeat dispensing arrangements for the NHS supply of gluten-free foods as outlined above?

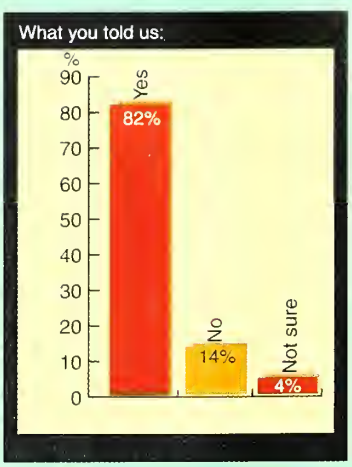
- Yes
- No
- Not sure

You can record your vote on our website: *www.dotpharmacy.com*. On the home page you will find a link to the Question Time page. Select your answer and then click on the "vote" box. Your answer is automatically collated.

You have until 12.00 noon on October 16 to cast your vote. We will publish the result in *C&D*, October 20.

Last week we asked you:

Do you support the continuation of the existing control of entry regulations fir NHS community pharmacy services?



PROFESSION

Society moves on CPD

The Royal Pharmaceutical Society is developing a new continuing professional development system that will run on a voluntary basis until it is possible to make the transition to a mandatory scheme.

An implementation committee will draw up regulations for CPD requirements for pharmacists' continued eligibility to practise. It will also develop and test a large-scale system for the voluntary participation of pharmacists in CPD that could be adapted to become a mandatory system.

Committee members will include two Council members, the directors of pharmacy postgraduate education for England, Scotland and Wales, along with pharmacists from the main areas of practice and lay members.

The RPSGB Council acted last week after it was advised that it may be some time before mandatory CPD will be introduced through an Order under the Health Act 1999. Progress towards achieving this Order has been delayed by the Government's decision to consult on an overarching body to oversee professional regulation in the National Health Service.

RPSGB

New rules for observers attending Council

In a bid to improve openness and transparency observers will be allowed to attend both the business and development parts of the monthly meetings of the Royal Pharmaceutical Society's Council.

The changes were agreed at the October meeting. Branch observers will in future only be excluded from the proceedings when the discussion relates to confidential commercial issues or staff employment.

Observers will, however, be asked to sign a confidentiality agreement and agree not to disclose any part of the private discussions.

Forging a link between business and education: Gehe UK has donated computer equipment to Finham Park School, a stone's throw from its Coventry headquarters. Making the delivery in person are, from the left: the school's acting head teacher Colin Knapp, Richard Thaper of computer supplier Easy Supplies, Gehe's group supplies buyer Peter Dawkins and Steve Howard, Gehe's director of training and development

CONTRACT

Multiples can gain ground through OFT investigation

Tesco and Superdrug are delighted at the Office of Fair Trading (OFT)'s investigation into control of entry regulations.

A spokeswoman for Tesco said anything making it easier to incorporate pharmacies into its stores would be welcome.

"We would like to have a pharmacy in all of our large and medium size stores and that has been quite difficult to achieve due to contract limitations," the spokeswoman said.

Tesco currently has pharmacies in around a third of its stores (210 out of 600) but is set to open 20 more this year.

Meanwhile, Superdrug said that the OFT study was not only great news for the company, but potentially even better news for consumers.

Mike Keen, pharmacy superintendent, said the system no longer achieved what had been intended and deregulation was in the best interests of patients and the profession.

"It may offer opportunities for young pharmacists to get in there and start a business," he said, adding that the system had led to goodwill values being very high.

Mr Keen said that Superdrug would not necessarily open a pharmacy in every store if an existing one was located nearby. He pointed out that there had been incidences where increased competition would have benefited patients.

While not commenting on the OFT investigation, a spokesman for Boots The Chemists said the company was not worried over increased competition from grocers, since it already operated in many deregulated markets.

Pharmacy bodies in England and Scotland have warned that to remove the control of entry regulations could seriously undermine the existing pharmacy network, threaten patient care and potentially worsen the current manpower crisis.

Sue Sharpe, chief executive of the Pharmaceutical Services Negotiating Committee (PSNC), insisted that control of entry regulations, the new contract, new services and local pharmaceutical services had to be looked at as part of an integrated picture. She added that any development of extended roles for pharmacies was dependent on pharmacists having assured roles and income to support those services.

In a joint statement, the Scottish Pharmaceutical General Council (SPGC) and the Scottish Pharmaceutical Federation (SPF) were confident that the OFT would find in favour of the current arrangements.

"To find otherwise would be to ignore all of the available evidence and pose the biggest threat to patient care in recent years and undermine the established network of pharmacies," the two organisations said.

David Wood, managing director of Numark Ltd, predicted the abolition of existing control of entry regulations would lead to severe pharmacist shortages.

The Royal Pharmaceutical Society has called on the OFT to clarify its plans. President, Marshall Davies described last week's announcement as "inaccurate, incomplete or certainly imprecise".

Amoxycillin recall

DDSA Pharmaceuticals is recalling amoxycillin capsules 500mg, pack size 100, batch number S4651001. The company has received two reports of containers with 250mg capsules. Pharmacists should withdraw stock of this batch and return it to their supplier.

Apply now to be a teaching PCT

Primary care groups and trusts that wish to apply to become teaching PCTs from next April need to submit detailed applications to the appropriate regional office of the Department of Health by October 31. Teaching PCTs will be established in disadvantaged and under-privileged areas and will offer career development opportunities for health professionals linked to part-time teaching/learning roles.

YPG lines up Wicks for chair

Alastair Buxton, chairman of the Young Pharmacists Group, seen here at the YPG Mardi Gras celebration dinner last weekend in Birmingham, will hand over the reins to Noel Wicks on January 1 2002.

New veterinary data sheet compendium

The National Office of Animal Health has published the 2001/2 edition of the *Compendium of Data Sheets for Veterinary Products*.

Copies are available from John C Alborough Ltd, Lion Lane, Needham Market, Suffolk IP6 8NT, Tel: 01449 723800. Price £25.

Amendments to DPF and NPF

Dentists can prescribe azithromycin oral suspension 200mg/5ml on the NHS from the beginning of October.

Nurses can no longer prescribe lactulose powder or piperazine citrate elixir.

For more information:

www.psnc.org.uk.

Repeat dispensing to be paper-based

Pharmacy-based repeat dispensing will have to be paper-based to start with, the Royal Pharmaceutical Society is to tell the Department of Health.

The Society's recommendations are based on a model of repeat dispensing designed to achieve the Government's objective of making the supply of long-term medication more convenient for patients.

Further proposals show how a repeat dispensing system based on electronic links could help the Government to meet a range of policy objectives that the paper-based system could meet only partly, if at all.

Nurses undercut counter prescribing

Royal Pharmaceutical Society Council member Andrew Burr says that he is become increasingly concerned that nurse prescribers are being trained by pharmacists to prescribe products that have traditionally been counter prescribed by community pharmacists.

Nicotine replacement therapy is an example. By moving NRT on to prescription the Government created a major problem for community pharmacists, who had the expertise to counter prescribe NRT products if the patient paid, but could not necessarily offer the service free.

The issue was raised at last week's Council meeting, where it was agreed that the President should write to the Health Secretary setting out the arguments for a prescribing role for pharmacists.

RPSGB puts off election overhaul

The RPSGB Council has re-examined its voting system and agreed that any changes should be deferred pending the outcome of its modernisation programme.

The 2000 branch representatives' meeting voted in favour of returning to the system of seven equal votes. At the 2001 BRM, a motion from the Slough branch deploring the Council's lack of action was carried without opposition.

The Society is inviting tenders for the future accreditation of medicines counter assistant (MCA) courses. The closing date for submissions will be January 31, 2002 and the system is expected to be introduced in late 2002. The College of Pharmacy Practice, which has been the Society's accreditation body since accreditation began in 1996, will continue in that role in the interim.

IN ENGLAND

HAs notified of LPS pilot funds

Health authorities have been notified of their allocations for funding clinical governance and local pharmaceutical service pilots.

The letter to pharmaceutical advisers, from the deputy chief pharmacist, provides further information about the money announced by health minister Hazel Blears at the British Pharmaceutical Conference (*C&D, September 29,p.6*).

Each HA has received a minimum of £5,000, from a total of £1 million, to "provide for set-up costs and enable HAs to pay for a facilitator to work with pharmacists and integrate community pharmacy into local clinical governance arrangements".

Guidance on the use of this money is expected to be finalised by the end of the year. This £1m is the first instalment of the £2m a year promised in *Pharmacy in the Future* to support the integration of community pharmacy into local strategies.

For LPS pilots each HA has been allocated a minimum of £2,000, from a total of £500,000. The remainder has been allocated in proportion to the number of pharmacies in the HA at March 31 this year.

This money is intended to "contribute towards the cost of involving local pharmacies and other interested people in discussions about LPS and encourage people to put forward ideas for the pilot schemes".

The Department of Health expects to issue guidance about LPS pilots next year.

For more information:

www.doh.gov.uk/pharmacyfuture/implement.

POLICY

OFT to investigate veterinary medicine

An investigation into the Prescription Only veterinary medicine market has been ordered by the Office of Fair Trading.

The market, worth £200 million a year, has been referred to the Competition Commission after the OFT examined evidence that prices in the UK are substantially higher than in other European countries.

The OFT's preliminary investigation also gave rise to further concerns, in particular:

- a lack of transparency in prices as medicines are often dispensed by vets in the course of treatment and may not be itemised separately
- evidence of reluctance by manufacturers to supply veterinary pharmacies.

The Competition Commission has 15 months to report to the Secretary on whether a "complex monopoly situation" exists in the sector and, if so, whether the situation is being exploited

The Independent Review of Dispensing by Veterinary Surgeons recommended earlier in the year that vets should provide written prescriptions for clients to take to a pharmacy if they wish (*C&D, May 19, p.6*).

Andrew Scott, president of the British Veterinary Association, said that the timing of the OFT investigation seems "somewhat strange, bearing in mind that the Government has yet to respond to the independent review published in May"

For more information:

www.bva.co.uk
www.oft.gov.uk.

EDUCATION

Clive Jackson to chair new CPP faculty

Clive Jackson, director of the National Prescribing Centre, has been confirmed as the first chairman of the College of Pharmacy Practice's Faculty of Prescribing and Medicines Management.

The Faculty held its first full board meeting last month to elect officers and agree a preliminary work programme to support members. Other board members include Peter Burrill, as treasurer and Joe Asghar, Annie Coppel, Christine Macrae and Richard Seal.Mr Jackson urged any pharmacist with an interest in medicines management to join.

Speaking at the CPP college day Richard Seal said that specialist groups, such as the Primary Care Pharmacists Association, will have complementary roles to the Faculty.

He also said that the Faculty wa pursuing links with the prescribing sub-committee of the Royal College of General Practitioners in order to raise awareness of medicines management.

For more information:

E-mail: *teresa@collpharm.org*
Tel: 024 7669 2400.

Calypso sales rocket to become one of the UK's leading suncare brands

With a big boost from our TV campaign, featuring a family on a beach wearing space suits, no wonder sales of Calypso have rocketed this year say National Account Managers Tony Ward and Paul Adcock.

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CALYPSO

IMPORTANT INFORMATION

ABOUT GLUCOTREND PLUS

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Glucotrend Plus test strips are being replaced with Active Glucose test strips from 1st September 2001 and will not be reimbursable on Drug Tariff from 1st December 2001.

Glucotrend Plus test strips will no longer be available on prescription – doctors must begin to prescribe Active Glucose test strips from 1st September 2001.

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"Only when we play by the patient care rules will we gain recognition and reimbursement," Professor Linda Strand told the audience at the YPG conference last weekend in Birmingham

'Pharmacists must play by the rules'

Pharmacists work to a different set of rules from other health professionals and this needs to change, Professor Linda Strand, University of Minnesota, told the audience at the Young Pharmacists' Group's conference last weekend.

Professor Strand said that pharmacists took no direct patient care responsibility when compared to doctors and nurses, and "only when we play by the patient care rules will we gain recognition and reimbursement".

She defined patient care practitioners as:

- providing direct patient care
- taking responsibility for a definable set of problems – this must be transparent to patients and the paymasters
- documenting and evaluating the quality and impact of their actions
- negotiating payment on patient need

Pharmacists were no exception to patient care rules and to "get in the same game as other healthcare practitioners", they had to play by them, said Professor Strand.

She explained that in the US, healthcare administrators and government agencies were not interested in direct patient care by pharmacists, since the latter could not show what they did or how they did it.

Professor Strand looked at the patient care rules and how they could be applied to pharmacists.

The pharmacist's responsibilities were defined as:

- ensuring that all of a patient's drug therapy is appropriately indicated, is the safest available and most effective possible, and is convenient for the patient
- the identification, resolution and prevention of drug therapy problems.

In a study of 14,357 patients who received pharmaceutical care, it was shown that pharmacists had identified and resolved 19,140 drug therapy problems.

This included poor compliance (21 per cent), additional drug therapy required (20 per cent) and adverse drug reaction (19 per cent).

After the data had been evaluated, the cost savings in terms of hospital admissions, less drug therapy and less waste were presented to government agencies.

The study also showed that 90 per cent of patients who received pharmaceutical care services felt their overall health and wellbeing had improved. Also, 86 per cent of doctors found the service improved their patients' health.

"Doctors make rational diagnostic decisions, but not rational drug therapy decisions. We can now do this through pharmaceutical care," Professor Strand said.

Bill Scott (far right), chief pharmaceutical officer, Scottish Executive Health Department, proposed the motion: "This house believes that individual countries should seek to use terminology in the field of medicines management and pharmaceutical care that is in line with usage elsewhere." Opposing the motion, at the YPG conference, was Professor Stephen Chapman (University of Keele). The outcome was a draw

Where has the money gone?

About £400 million has been spent on improving primary care services in London, but less than £400,000 has reached pharmacies, according to Hemant Patel, secretary of Barking & Havering Local Pharmaceutical Committee.

This is one of the reasons why a medicines management scheme has been set up in Barking & Havering, he told the YPG Conference.

Each contractor who wishes to join the scheme has to persuade a local GP to take part in medicines management. Although all contractors have expressed an interest, only 44 are presently taking part.

There are six more contractors on the waiting list and the remaining 36 will be given health authority support to try and bring more GPs into the scheme.

The project aims to recruit and retain 50 per cent of contractors, and aims to enrol 5,000 patients by the end of October 2003.

On completion of the pilot, there will be evaluation of repeat prescriptions, number of doctor consultations, hospital admissions, patient and doctor satisfaction, and cost-effectiveness.

The health areas targeted are:

- cardiovascular disease
- diabetes
- asthma
- proton pump inhibitors
- NSAIDs.

These areas cover 80 per cent of the contractors' daily work and fit into local and national priorities.

Eighty per cent of patients use the same pharmacy and "pharmacy medication records actually show what was dispensed". A doctor's records only show what was prescribed, said Mr Patel.

The intentions of the project were defined as:

- providing additional options for re-organising local NHS services
- developing equitable services across a sector of London
- ensuring value for money through economies of scale
- providing a large enough population base to draw clear lessons through evaluation
- to compare the impact of such a service against traditional methods of medicine supply, for patients aged 65 years and over who receive four or more repeat medicines.

Consolidation of locum agencies

Pharmacy locum agencies, Locumlink, PPC and Medilink recruitment have merged to form Locumlink PPC.

The new agency will provide locum pharmacists and technicians throughout the UK.

More information is available on *www.locumlinkppc.com*, or call 0208 907 9894

Lloyds' branding up for design award

Lloydspharmacy has been shortlisted for the DBA International Design Effectiveness Award for the company's new corporate identity.

Lloyds faces competition from Laing Homes for the trophy in the Corporate/Brand Identity category. The winner is due to be announced at the London Hilton on October 22.

Co-op sees sales soar but profits fall

National Co-operative Chemists has reported a 10 per cent rise in sales in the first half of 2001. Turnover, excluding VAT, rose by £8m to £86 million.

Profitability fell, however, with surplus cash down to £4m compared to £4.4m last year.

Roy Carrington, NCC's chief executive officer, attributed the fall in profits to the "abolition of resale price maintenance" and "squeezing of margins in the generics market".

UniChem extends European network

Alloga, the joint venture between Alliance UniChem and Galenica, has bought ESL Logistics BV for an undisclosed sum.

ESL Logistics, which specialises in pre-wholesale storage, repackaging and relabelling of pharmaceutical products, covered the Dutch, Belgian, and Luxembourg markets.

More flu vaccine sales at Powderject

Powderject Pharmaceuticals, which owns Evans Vaccines, has predicted that sales of its flu vaccine will increase by 40 per cent on last year's sales of £40.6 million.

The company, which last year supplied 35 per cent of UK flu vaccination doses, added that distribution was on schedule for the Government's national flu immunisation campaign.

Powderject expects demand for flu vaccination will nearly double by 2005 and the company is investing about £13m in its Liverpool factory.

GENERICS

BAPW calls for 'generic' PPRS

Pharmaceutical wholesalers would like the Department of Health (DoH) to introduce a "generic" version of the Pharmaceutical Price Regulation Scheme (PPRS).

Generic manufacturers would then have capped prices for their products, which would be amended every 24 months.

The British Association of Pharmaceutical Wholesalers (BAPW) has already passed the suggestion "unofficially" to the DoH.

Michael Watts, BAPW's executive director, said that such a scheme would give the DoH the two factors it wanted from the generics market: control and transparent prices.

He warned that the DoH would have to ensure it received meaningful data on generics in order to make the scheme work. In its consultation document *(see C&D July 28, p28)* the DoH had asked for data from generic suppliers who earned more than £1 million a year.

"There are many shortline wholesalers who make less than £1m – they should also be included," Mr Watts said.

While he believes that a PPRS-type generics scheme would not be an administrative burden for the parties concerned, he admitted that the BAPW had not yet considered how the DoH would set these generic prices.

Observers in the wholesale industry believe the DoH recognises that a tendering system is unworkable and that it is looking for a realistic alternative.

The DoH has stressed on several occasions that it is not pushing for a central purchasing system, under which generic manufacturers would have to tender to supply a product/products nationally.

Meanwhile, the BAPW urged the DoH not to adjust generic prices while it considers the proposals for change because this "... would increase further turbulence and could also cloud realistic conclusions".

In a letter to Andy McKeon, DoH's head of medicines pharmacy and industry division, the BAPW also recommends that the list of medicines covered by the scheme should not be changed during the period.

WHOLESALERS

All change at the top of Phoenix and Numark

Sandy Young, chief executive of Phoenix Medical Supplies (PMS), is to retire in July next year. He will, however, retain links with the company as non-executive director.

David Cole, who is currently the managing director of Phoenix's wholesale arm, Phoenix Healthcare Distribution, has been confirmed as Mr Young's successor.

PMS was first established three years ago when German wholesaler Phoenix Pharmahandel AG acquired the independent wholesaler L Rowland & Co.

At that time Mr Young was chairman of the company while Mr Cole, whose grandfather was the last Rowland to run the family business, was managing director.

"I felt now that Phoenix is up and running successfully that I could confidently hand over to him and felt happy that he would show the same type of professionalism at the helm of Phoenix as he did as managing director of L Rowlands," Mr Young said.

Meanwhile, it also emerged that David Wood had taken over from Terry Norris as managing director of Numark Ltd at the beginning of October. The hand over had not been expected until January 1 2002 *(see C&D June 2, p28)*.

Mr Norris will, however, stay on until the end of the year.

David Cole: will succeed Sandy Young

David Wood: in charge at Numark

ABPI

NICE needs fundamental review

The Association of the British Pharmaceutical Industry has calle for six key changes to be included in the review of the National Institute for Clinical Excellence.

"It is quite clear that the review of NICE must go back to basics t remove serious flaws," said Dr Trevor Jones, director general of the ABPI.

The review needed to take into account the following changes, said Dr Jones:

- measuring the role of NICE against its key objectives
- making NICE independent from the Department of Health
- giving a clearer understanding of NICE's ability to assess clinica and cost-effectiveness
- how, why and by whom topics are selected for review by NICE
- products to be assessed before they are launched.

Meanwhile the ABPI has launched a website for students seeking a pharmaceutical career.

For more information:
www.abpi-careers.org.uk

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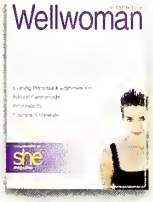

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ComingEvents

OCTOBER 15

NICPPET
From Conception to Birth – The Role of the Pharmacist, at The Everglades Hotel, Londonderry, 7.30 for 8pm.

NICPPET
From Conception to Birth – The Role of the Pharmacist, at The Canal Court Hotel, Newry, 7.30 for 8pm.

OCTOBER 16

NICPPET
Keynote Lectures: COPD, by Dr Stuart Elborn, at the PSNI, 73, University St, Belfast.

Bristol Branch, RPSGB
Off-Licence Use of Medicines in Children, at the BAWA Leisure Centre, Filton, 7.30 for 8pm.

Bury & Rochdale Branch, RPSGB
NSF for Older People, by Jennie Silverthorne, at the Macdonald Norton Grange Hotel, Castleton Rochdale, 7.30 for 8pm.

OCTOBER 17

NICPPET
Law and Ethics, by Dr Michael Mawhinney and Mrs Muriel Singleton at the Ramada Hotel, Belfast, 10am – 5pm.

OCTOBER 18

NICPPET
From Conception to Birth – The Role of the Pharmacist, at The Silver Birches Hotel, Omagh, 7.30 for 8pm.

Slough Branch, RPSGB
National Service Framework for Older Patients, by Michael Tullett. Joint meeting with Reading Branch at Boehringer-Ingelheim, Ellesfield Avenue, Bracknell, 7.15 for 8pm.

WHOLESALING

PIF and NTL sign deal

PIF Medical Supplies has become the first independent wholesaler to agree terms of co-operation with Numark Trading Ltd (NTL), the joint venture between Numark and Phoenix Medical Supplies.

Customers of the Midlands-based wholesaler will be encouraged to place weekly orders for OTC medicines directly with NTL and thereby benefit from advantageous prices for "outers".

NTL will deliver the goods to PIF's warehouse, from where they will be distributed to pharmacists. Pharmacists will still receive one invoice from PIF, but it will include the OTC orders, to avoid duplication of paperwork.

David Cole, managing director of Phoenix Healthcare Distribution and a director of NTL, said that PIF would receive a commission for distributing NTL products on a fixed rate per turnover basis.

Asked whether similar arrangements with other wholesalers were likely, Mr Cole said that all current Numark distributors had the same opportunity and that it was up to them to embrace it.

MEDICINES

Boots and DoH deny story on talks

Boots The Chemists and the Department of Health (DoH) have denied rumours that they were engaged in talks about far-reaching co-operation in hospitals.

An article in *Sunday Business* (October 7) had suggested that Boots could take over responsibility for buying and distributing medicines, currently carried out by hospital pharmacies.

The article predicts that a trial of the idea in selected hospitals could lead to the opening of hundreds of Boots pharmacies within hospitals.

A spokesman for Boots said that the story was "completely untrue", and the DoH also strongly rebutted the suggestion.

MULTIPLES

Glaxo grants aids drug licence in SA

GlaxoSmithKline (GSK) and Shire Pharmaceuticals have granted South African generics company Aspen Pharmacare a voluntary licence to manufacture the AIDS drugs zidovudine (Retrovir-AZT), lamivudine (Epivir-3TC) and Combivir while they are still patent protected. Both companies have also waived royalty rights.

Aspen will be required to pay 30 per cent of net sales to one or more non-governmental organisation managing aids-related programmes in South Africa.

Keith Mentzel will be retiring as the British Association of Pharmaceutical Wholesalers' technical director in December after 18 years of service. BAPW chairman, Stephen Simms (right), the head of Sangers (Northern Ireland), presented Mr Mentzel with a DELL computer on behalf of wholesalers. Mike McConnell (left), chairman of the BAPW's associate members committee and Pharmacia Ltd's pricing and information manager, expressed the manufacturer's gratitude with a donation

Product Information Nurofen For Children: Suspension containing ibuprofen 100 mg/5 ml. **Prescription and OTC:** For the fast ond effective reduction of fever, including post immunisation pyrexio and the fast and effective relief of mild to moderate pain, such as sore throat, teething pain, toothache, earache, headache, minor aches and sprains. **Dosage:** For pain and fever: The daily dosage of Nurofen For Children is 20-30 mg/kg bodyweight in divided doses. This can be achieved as follows: Infants 6-12 months: One 2.5 ml spaonful may be taken 3 to 4 times in 24 hours. Children 1-3 years: One 5 ml spoonful may be taken 3 times in 24 hours. Children 4-6 years: 7.5 ml (5 ml + 2.5 ml spoonful) may be taken 3 times in 24 hours. Children 7-9 years: Twa 5 ml spaonfuls may be taken 3 times in 24 hours. Children 10-12 years: Three 5 ml spoonfuls may be taken 3 times in 24 hours. Not suitable for children under 6 manths of age unless advised by your doctor. For Juvenile Rheumatoid Arthritis. The usual daily dosage is 30 ta 40 mg/kg/day in three to four divided doses. For post immunisation pyrexia: One 2.5 ml spoonful fallowed by ane further 2.5 ml spoonful 6 hours later if necessary. No more than two 2.5 ml spoonfuls in 24 hours. If the fever is not reduced, consult your doctor. For oral administration. For short term use only. **Contraindications:** Hypersensitivity to any of the constituents. Patients with a history of, or existing peptic ulceration. Patients with a history of asthma, rhinitis or urticaria associated with aspirin or other non-steroidal anti-inflammatory drugs. **Precautions and Warnings:** If symptoms persist for mare than 3 days, consult your doctor. Do not exceed the stated dose. Caution is required in patients with renal, cardiac ar hepatic impairment. Asthma sufferers, anyone allergic to aspirin, receiving any other regular treatment and pregnant women should consult their doctor before taking Nurofen Far Children. Nurofen For Children is not suitable for patients who have a stamach ulcer or other stomach disorder. Not recam-mended for children under 6 months unless advised by a doctor. **Side effects:** Hypersensitivity reactions have been reported following treatment with ibuprofen. These may consist of (a) non-specific allergic reaction and anaphylaxis, (b) respiratory tract reactivity comprising of asthma, aggravated asthma, bronchospasm or dyspnoea, or (c) assorted skin disorders, including rashes of various types, pruritis, urticaria, purpura, angiodema and, more rarely, bullous dermatoses (including epidermal necrolysis and erythema multiforme). Side effects are rare but may include abdominal pain, nausea, dyspepsia and gastrointestinal bleeding and peptic ulceration. Also very rarely thrombocytopenia has been reported. Bronchospasm may be precipitated in patients with a histary of aspirin sensitive asthma. **Product Licence Number:** PL 00327/0085. **Licence Holder:** Crookes Healthcare Limited, Nottingham, NG2 3AA. **Legal Category:** P. **Price:** Pack size 100ml: £3.35 Pack size 150 ml: £4.59. **Date of preparation:** June 2001. NU281.

Nothing cools kids faster, further or for longer

Because it works where it's needed, nothing else gives faster, further or longer lasting relief from fever than ibuprofen – the active ingredient in Nurofen for Children. Which means there's nothing else quite like it for keeping children cool and parents calm.

CROOKES HEALTHCARE

Comment
from the Editor

Sandra Gidley and her fellow observers seem to have reached parts of the Royal Pharmaceutical Society that other members cannot reach, to parody that advertising phrase. The ridicule they heaped on Council after being exposed to its modus operandi seems to have been the kind of medicine required *(see p4)*. Whether further doses will be needed to effect a full cure remains to be seen. However, if the Society's limp response to the OFT study into community pharmacy services is anything to go by, polypharmacy may be indicated.

In an article below, Sandra Gidley asks who is fighting her corner as a pharmacist out there. She thinks the Society should be her champion, but is worried that it is no longer up to the task. Last week's announcement of the OFT study into pharmacy services drew a prompt and vigorous response from virtually every major pharmacy organisation... except the Society. For the Society, the president, Marshall Davies, said: "The Society is concerned, in the public interest, to see the proper provision of an appropriate network of pharmacies in the community and the availability of the full range of medicines and pharmacy services to the public." The words do not exactly inspire... this is not the kind of advocacy Mrs Gidley wants. She, like many pharmacists, wants a robust representation of the profession's views.

For most pharmacy businesses the OFT's study is poorly timed. Why can't the Society say so? Why can it not make common cause with other organisations to point out that control of entry would be helpful (not to overstate the case) in pursuing the Government's plans for pharmacy? When is the Society going to get its PR sorted out? When will those experienced and individually respected Council members who call themselves community pharmacists demonstrate they have a voice and that there is some spirit within our Society?

The Society should be the pharmacist's champion, but is it up to the task?

Yourviews

Sandra Gidley, MP and pharmacist, wonders who the RPSGB really represents

I want to know someone is on my side...

What is the Royal Pharmaceutical Society of Great Britain for? It's a good question and the answers came as a surprise to me. I had fondly imagined that among the Society's Council were people who would be forging the way forward and lobbying on behalf of pharmacists everywhere. In reality the Society is set up as a statutory and regulatory body and, officially, that is where its responsibilities begin and end.

I recently observed a Society Council meeting. Correction – I observed selected parts of a Society Council meeting. I was keen to listen to our elected Council debate matters of importance, especially as I am also an inveterate people watcher.

It seems almost cruel to reopen old wounds nearly two months later, but I was deeply troubled by some of what I observed. Much time was devoted to discussing minutiae and points of order,

while important documents were glossed over. There appeared to be an inability to concentrate on the bigger picture to the extent that the chairman deemed discussion of current issues, relevant to payment for generic medicines, out of order. I suspect that most community pharmacists would expect the Pharmaceutical Society to have a view on this issue. Here we have the nub of the problem: the Society's role is anachronistic and needs to be extended so that it can truly represent its membership.

During the more tedious moments I mentally compared the Council of the Royal Pharmaceutical Society with the average local Council and concluded that lessons could be learned. Over the past 30 or 40 years local government has become much more open and accountable. Very few items are discussed in private session: councillors are keen to bring forward items of public interest and day-to-day decisions have been devolved to Council officials.

Over the past year I have come to know a number of Council members and Society staff. There is a lot of talent, enthusiasm, energy and commitment evident among these people, but much of the good work done is because of individuals and is achieved in spite of the system.

The Council needs to review its purpose and ask honest questions about whether it should develop a greater ambassadorial/advocacy role. Council members need to trust some of their excellent staff so that they can concentrate on the bigger picture.

If the Pharmaceutical Society won't embrace the aforementioned change, then there is a void to be filled. As a pharmacist I want to know that there is someone out there who is on my side and vigorously pursuing the pharmacy agenda. The Royal Pharmaceutical Society is capable of doing this, but the real question is, "Does it really want to?"

Hospital REPORT

Ladies who fail to launch

It must be the season in which government papers fail to appear. First *Agenda For Change* fails another deadline and then the *Pharmaceutical Care Strategy for Scotland* misses what must have been the ideal launch pad at the British Pharmaceutical Conference.

So why was it not ready? I am not aware that the final draft has gone out for consultation. There do not seem to have been any recent meetings of the group charged with putting the strategy together. If all the information has been in the Health Department since the start of the summer, has anything moved since then?

Surely the Scottish health minister could have pushed to have it ready for the BPC? If there were no major problems with putting the strategy together, can we deduce that she did not see the BPC as the ideal launch pad?

I have a suggestion (although if

Surely the Scottish health minister could have pushed to have the Strategy ready for BPC?

lack of time was the reason that the strategy wasn't ready for the BPC, it is way off mark). Great stress has been placed on it being a strategy for pharmaceutical care and not a strategy for pharmacy or pharmacists. Could it be that the Minister decided that launching it at the BPC might be construed as backtracking on this assertion?

Since pharmaceutical care does not just involve pharmacists, as was evident from the open meeting held by the strategy group in May, it might be more politic to launch the strategy at an event which all those involved in its provision could attend.

I admit the above is pure speculation, but how far from the truth is it?

Contributed by a senior hospital pharmacist

TOPICAL REFLECTIONS

So do we practise a trade or a profession?

The Office of Fair Trading is yet again threatening my business security with an investigation into restraint of trade in the community pharmacy sector.

My initial reaction was indignation, but on reflection the OFT is probably only doing its job of ensuring compliance with the Competition Act.

Community pharmacists have always walked the tightrope between trade and profession, but over time the drift has been inexorably towards the latter. We have, like it or not, become more like integral members of the NHS team. So, when the OFT suddenly looks at the "trade" of pharmacy, the suggestion that the contradiction of "retailers" also working as professionals under an NHS contract needs investigation should not come as a surprise.

The Government's agenda is an enhanced pharmaceutical profession delivering improved healthcare for NHS patients, but at someone else's expense. Left alone, *Pharmacy in the Future* will undoubtedly slowly produce change, but it will be a fragmented compromise, satisfactory to nobody.

But health is not the monopoly of the NHS; it encompasses many other aspects of people's lives, including buying and using goods and services.

The OFT intervention is a rude reminder of this fact, but it could be the catalyst for solving the present contract impasse.

The OFT could be invited to the talks on our new NHS contract, to expedite an agreement that delivers a dynamic NHS pharmaceutical service and a fair competitive trading environment.

At the least, its investigation might throw some light on the relationship between retail pharmacy and the professional ambitions of pharmacists who, like me, wish to practice in the community.

The freedom of ownership

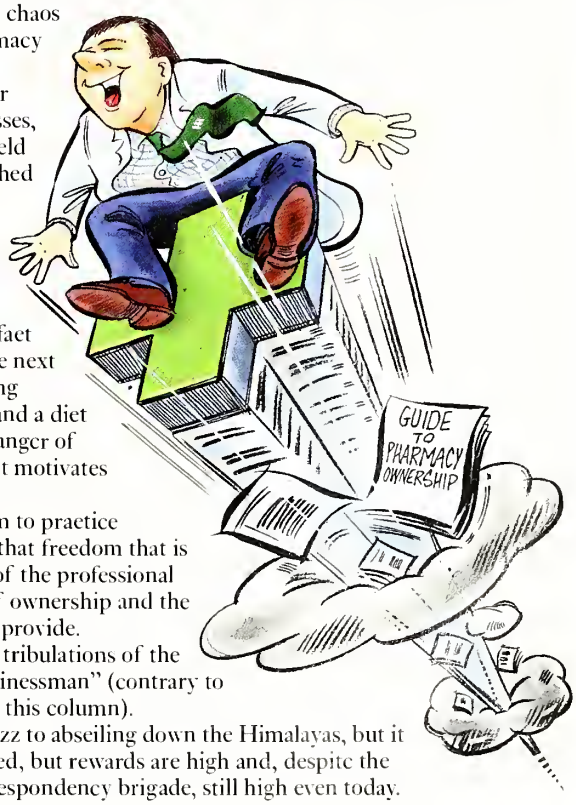
By coincidence, in the same edition of *C&D* that announced the Office of Fair Trading bombshell was an initiative from UniChem.

The *UniChem Guide to Pharmacy Ownership* should be required reading for any aspiring pharmacy proprietor. Fifteen years after control of entry regulations were introduced for NHS pharmaceutical contracts it is easy to forget the uncertainty and chaos that governed the practice of community pharmacy before their introduction.

Conversely, since 1987 it has been difficult for young pharmacists to acquire their own businesses, trapped as they are between a dearth of greenfield sites and high goodwill values for good, established pharmacies.

However, UniChem is saying that with good planning, pharmacists can become owners. This is true, and with proper help, a successful first purchase can be made.

I look forward to seeing the finished pack of fact sheets that UniChem will be producing over the next few weeks, but it is not just fact sheets that young pharmacists need. They also need motivation, and a diet of multiple-dominated career structures is in danger of suppressing the entrepreneurial enthusiasm that motivates good businessmen.



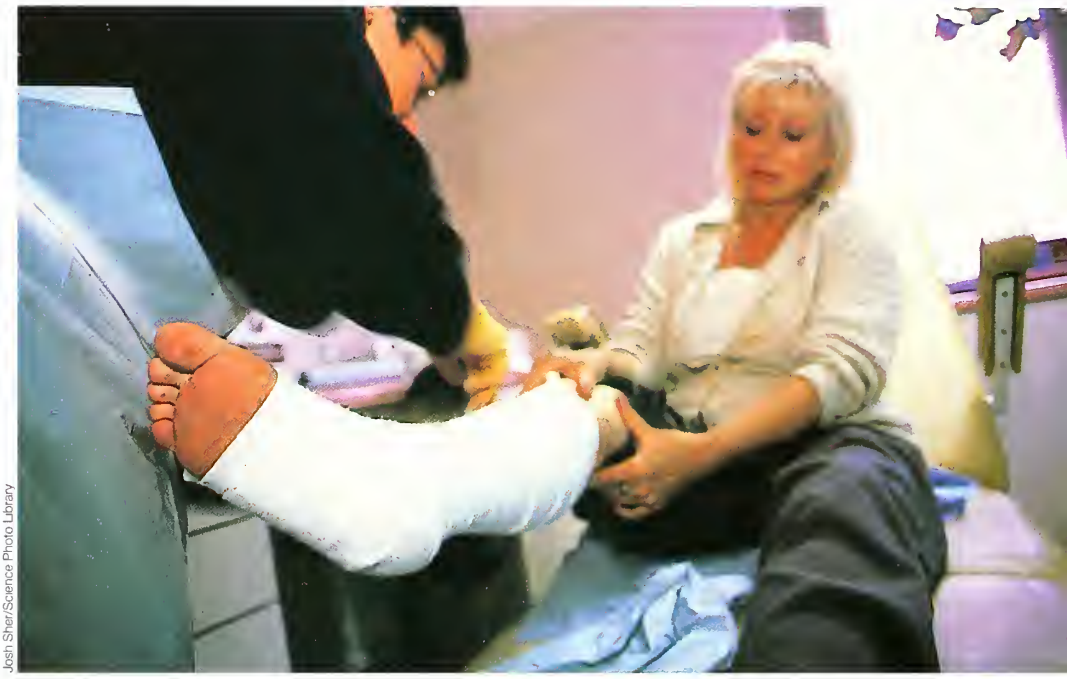
Ownership has provided me with the freedom to practice independently and, despite the hard work, it is that freedom that is the greatest reward. Yet when I read the pages of the professional press I rarely see articles extolling the virtues of ownership and the rewards that a dynamic independent sector can provide.

I do not regret for one moment the trials and tribulations of the past years and do not apologise for being a "businessman" (contrary to the impression I may have occasionally given in this column).

Proprietorship must provide the next best buzz to abseiling down the Himalayas, but it is an attainable goal. It is not for the faint-hearted, but rewards are high and, despite the masochistic rantings of the doom, gloom and despondency brigade, still high even today.

Management of venous leg ulcers

Martina Myerscough, RGN, BSc(Hon), MBA, product manager at Vernon Carus, looks at the use of compression bandaging in the treatment of venous leg ulcers. This article is based on a presentation given at Chemex in September



Josh Sher/Science Photo Library

A nurse bandaging a female patient's leg to treat a skin ulcer

Several types of compression device are used in the UK for the treatment of venous leg ulcers. These include multi-layer, long stretch and short stretch bandages, hosiery and intermittent compression from pneumatic devices. Graduated sustained compression is the treatment of choice for venous leg ulcers *(Callum and Roe, 1995)*.

It was suggested in 1990 that venous leg ulcers cost the NHS about £600 million a year in clinician time and product costs; this figure is now thought to be a conservative estimate *(Cherry, 1990)*.

Having a leg ulcer can lead to a poor social life for patients. Increasing feelings of loneliness, pain and sometimes loss of mobility can result in emotional and physical stress, despair and depression. Venous ulcers tend to be more common in people aged 65 and over, although all ages can suffer, with slightly more women than men affected.

It was once thought that most leg ulcers are venous in origin, with a much smaller percentage arterial, and some caused by diabetes and other clinical problems. However, as diagnostic techniques become more sophisticated, increasing numbers of arterial leg ulcers are being identified.

As compression is not recommended for arterial ulcers, treatment poses a problem for clinicians. Nevertheless, short-stretch bandages can provide greater safety for patients with sensory or arterial impairment *(Hampton, 1997)*.

Cause and effect

Deep veins in the leg are supported and protected within the calf muscle. This deep venous system carries blood back to the heart under high pressure and is assisted by the calf muscle pump, which massages the veins and encourages further venous blood return.

The superficial system in the lower leg (designed to carry only around one-tenth of this venous blood flow) is protected from excess blood flow by one-way valves in the veins. The deep veins and the superficial venous systems are connected by perforator veins, which also have protective one-way valves.

As the calf muscle expands and releases (during walking or ankle movement, for example) blood flow from the superficial veins is pumped through to the higher pressure of the deep veins for transporting back towards the heart.

One of the main causes of leg ulcers is chronic venous hypertension. Venous ulceration occurs when the calf muscles fail to return the blood effectively to the heart, because of either venous incompetence due to valve failure (often resulting from deep vein thrombosis or varicosis) or a lack of use of the calf muscles as a result of enforced immobility.

This leads to back-flow of blood in the lower leg which results in venous hypertension, creating such a back pressure that the capillary walls stretch. Their increased permeability allows fibrinogen to leak into the interstitial fluid. The leaked fibrin polymerises, creating a "cuff" around the capillary and ultimately preventing the passage of nutrients and oxygen to the tissues *(Robinson, 1988)*.

Further leakage of red blood cells and the lack of nutrients and oxygen cause the tissues to deteriorate (lipodermatosclerosis). This, together with classic skin colour changes, indicate that an ulcer may be imminent.

Compression bandaging is the treatment of choice for reversing venous hypertension and allowing wound healing to take place.

Graduated compression

The key to successful compression bandaging for venous leg ulcers lies in achieving graduated compression, with the higher pressure at the ankle area and lower pressures at the top of the calf, just below the knee.

A constant bandage tension means the pressure will be higher where the circumference is the smallest, and lower where the circumference is largest. This can occur naturally in a "normal" shaped leg where the ankle area is smaller in circumference than the calf.

If the compression bandage is applied at the same tension all the way up a "normal" shaped leg, the pressure is greater at the ankle than at the top of the calf, and graduated compression is achieved. If an ulcerated leg does not have that "normal" shape, orthopaedic padding wool is used to create a normal shape under the compression bandages.

Compression helps to reduce

Continued on page 18 ▶

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◀ Continued from page 16

venous and capillary hypertension and the distension of the superficial veins. It helps to reverse the transcapillary leakage of solutes and fluids.

Compression increases the function of the calf muscle pump, supporting the superficial veins to counteract the venous hypertension. By increasing tissue pressures, it can help remove oedema by counteracting the filtration in the capillaries in favour of re-absorption *(Partsch, 1991,1998)*.

It is generally accepted that pressures of around 40mmHg are achieved at the ankle to reverse venous hypertension, thereby removing the cause of the leg ulcer and allowing healing to begin.

Bandage types

Many types of bandages are available in the UK for achieving sustained graduated compression.

- **Paste bandages**

Previously used in conjunction with other compression bandages, inextensible paste bandages with a high content of zinc paste were used mainly to treat the skin disorders associated with venous leg ulcers.

Although often effective, these bandages could not achieve the graduated compression required for reversing venous hypertension. They have caused hypersensitivities and are no longer recommended as a first line treatment.

- **Multi-layer bandage systems**

These contain different types of bandages designed to offer the correct amount of compression when used together. Known to offer graduated compression and reverse venous hypertension, they have high working and resting pressure and are made predominantly of highly extensible bandages.

- **Long stretch elastic bandages**

These are known to provide the levels of graduated compression required to treat venous leg ulcers. Good bandaging techniques are necessary to achieve the correct compression. The elasticated bandage can cause ischaemic pain if applied too strongly *(Ruckley, 1992)*, so careful application is needed.

Their high extensibility is typically around 140 per cent (that is, they will stretch 140 per cent). They are applied at a pre-determined stretch (not at full stretch, but usually according to the guide printed on the bandages). These bandages, too, have high working and resting pressures.

- **Short stretch bandages**

This type of bandage has been used predominantly in Europe and increasingly now in the UK. Short stretch bandages have a minimal extensibility (typically around 90 per cent). Unlike more elasticated bandages, short stretch bandages are applied at their fullest stretch.

Short stretch bandages provide the sustained levels of graduated pressure required for reversing venous hypertension, but have a high working and a low resting pressure, unlike multi-layer components and longer stretch bandages.

It is generally accepted that all the methods of bandaging provide the required levels of graduated compression and have similar healing rates. The key to choosing the right system depends on a holistic and thorough assessment of the patient's needs.

The venous return in the legs can be increased during walking, or by simple knee bending or foot flexing. Compression bandaging makes this effect more pronounced.

As the calf muscle expands and contracts during exercise, a short stretch bandage acts as a counter force around the lower leg, and reflects the calf muscle force back into the deep veins where it can work more effectively at returning venous blood.

As short stretch bandages have no elastomeric content (Rosidal K, for example, is made from 100 per cent cotton) and therefore no constant constriction, there is a lower resting pressure when the calf muscle is inactive. But these resting pressures are still high and graduated enough to reverse venous hypertension.

They can be achieved simply by applying the short stretch bandage at its fullest stretch. These lower resting pressures are thought to be better tolerated by patients, especially throughout the night while in bed, and have been used successfully for mixed aetiology ulcers, following medical assessment and advice.

Pressure peaks

The high working and lower resting pressure produces intermittent pressure peaks. This helps the calf muscle to work effectively to increase venous return, and to massage the oedema from and around the superficial veins back into the deep venous system.

Undercast padding or orthopaedic wool should be used with all compression bandages to protect bony prominences such as the malleoli, dorsum of the foot, Achilles tendon and tibia from damage from the high pressure being applied by the bandages.

Applying shaped foam pads in the indentations of the leg, such as around the malleolus, will even out the pressure distribution so graduated compression can be more effective.

- For further information on leg ulcer management and lymphoedema management call Vernon Carus on 01772 744493.

Key points

- Clinically proven method of compression therapy for treatment of leg ulcers.
- Short stretch bandages such as Rosidal K are cost effective with excellent healing rates and are re-usable.
- Patients can wear their own shoes (normally) and the bandages are not bulky or too uncomfortable, possibly making the system a little easier to tolerate.
- Bandaging skills need to be practiced in order to achieve the maximum effects of the bandages used. Vernon Carus can assist pharmacists in understanding the best ways to achieve the maximum effects.

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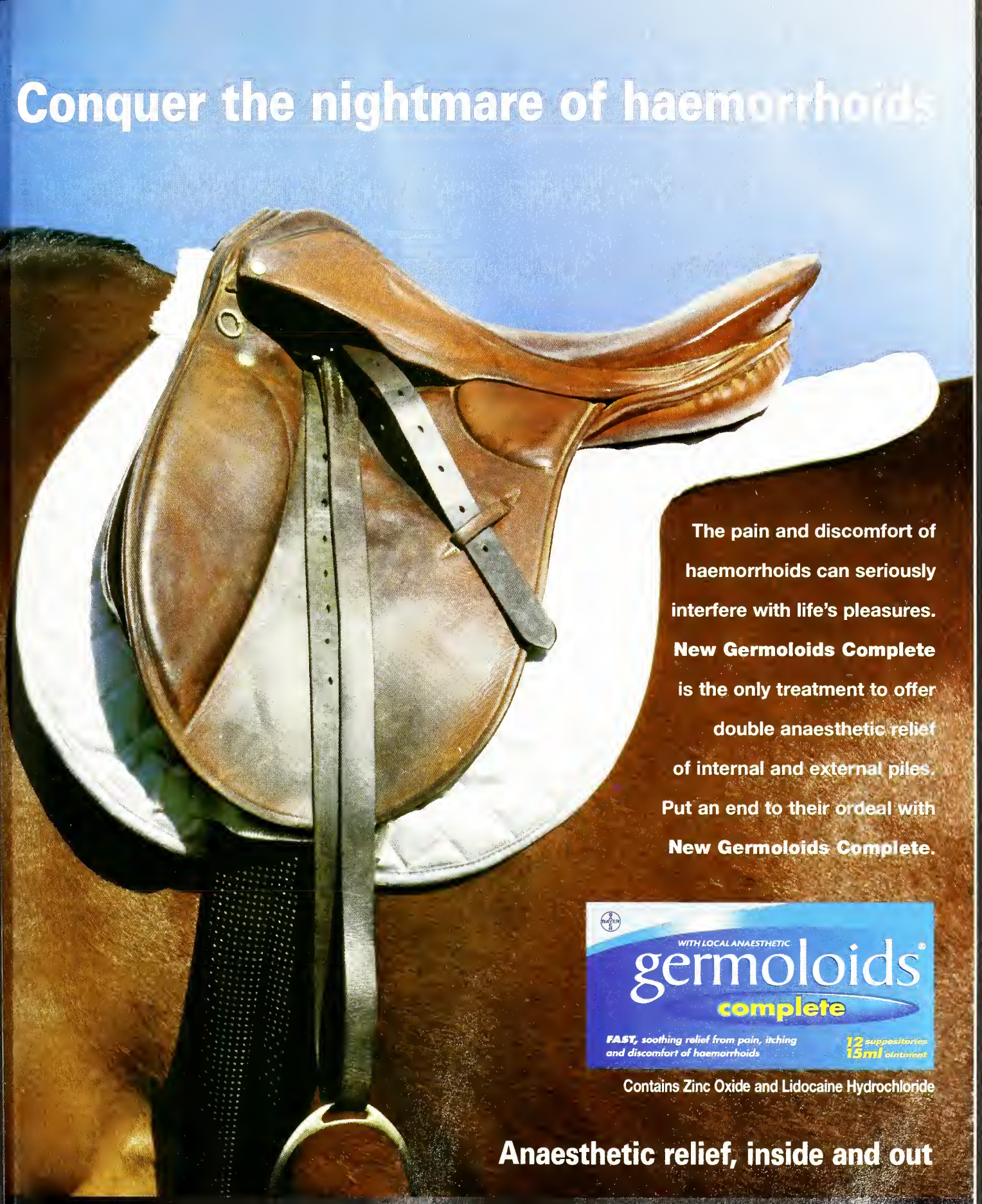
Conquer the nightmare of haemorrhoids



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Prescribing Information for Germoloids® Complete (Refer to Summary of Product Characteristics before prescribing) **Presentation** ***Germoloids® Complete*** A tube of ointment (15ml) containing 6.6% w/w zinc oxide and 0.7% w/w lidocaine hydrochloride, plus suppositories (12) consisting of 283.5mg zinc oxide and 13.2mg lidocaine hydrochloride. **Indications:** Symptomatic relief of pain, swelling, irritation and itching associated with haemorrhoids (piles) and pruritus ani. **Dosage and administration** ***Adults and children over 12:*** Apply ointment to the affected area at least twice a day, with a minimum of 3 to 4 hours between applications. Do not use more than 4 times in 24 hours. Insert one suppository into the rectum on retiring at night and in the morning. If necessary the suppository may be used at any time of day with a minimum of 3 to 4 hours between suppositories. Do not use more than 4 suppositories in 24-hours. ***Children under 12:*** Only as directed by a doctor. **Contra-indications:** Hypersensitivity to ingredients. **Warnings and Precautions:** A doctor should be consulted before taking Germoloids Complete if the patient continually suffers from haemorrhoids, has severe haemorrhoids or experiences excessive bleeding. **Side effects:** *Ointment and suppositories* Very rarely increased irritation at site of application. *Ointment* Rarely rashes, very rarely burning sensation at site of application. **Use in Pregnancy:** Medical advice should be sought. **Cost: £5.49. MA number:** PL 0010/0277. **MA holder:** Bayer plc, Consumer Care Division, Newbury, Berkshire RG14 1JA. **Legal Category:** GSL. **Date of Preparation:** September 2001.

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Product Information. Presentations: *Setlers Wind-eze* - Simeticone Ph. Eur. 125mg in a white tablet and ***Setlers Wind-eze Soft Gel Capsules*** - Simeticone Ph. Eur. 125mg in a white soft gel capsules. **Dosage & Administration** 1 tablet ***Setlers Wind-eze*** to be chewed before swallowing, or 1 ***Setlers Wind-eze Soft Gel Capsule,*** to be taken 3 or 4 times daily or as required after meals. Not recommended for children under 12 years. **Uses:** Antiflatulent defoaming agent for the symptomatic relief of flatulence, wind pains, bloating, abdominal distension and other symptoms associated with gastrointestinal gas. **Precautions:** Should not be used by patients with known hypersensitivity to any of the ingredients. Do not use for longer than 14 days. Seek medical advice if symptoms persist or worsen. May be used safely during pregnancy and whilst breast feeding. **Legal Category:** GSL. **Cost (inclusive of VAT):** ***Setlers Wind-eze*** - £1.95 (10's), £3.45 (30's). ***Setlers Wind-eze Soft Gel Capsules*** - £3.49 (20's). ***Product Licence Numbers: Setlers Wind-eze*** - PL0036/0084, ***Setlers Wind-eze Soft Gel Capsules*** - PL0036/0073. **Further Information:** GlaxoSmithKline Consumer Healthcare, Wallis House, Great West Road, Brentford, TW8 9BD. **Date of revision:** Sept 2001.

Pharmacy network under general attack

German pharmacy organisations appear ready to take on the government as they condemn the latest Ministry of Health (BMG) proposals aimed at reducing Germany's drugs bill by up to DM3 billion (£955 million).

"An unacceptable sacrifice for pharmacies," "viability-threatening actionitis" and a "general attack on the pharmacy network", were just some of the expressions used by ABDA, the umbrella organisation of Germany's two pharmaceutical associations.

The proposals include a turnover-linked increase to the discount given by pharmacists to health insurance companies, from 5 per cent to 9 per cent.

Currently, according to ABDA, this measure alone would wipe DM37,000 (£11,800) from the average pharmacy's bottom line. It would also encourage insurance companies to direct their customers to larger pharmacies.

"It is then inevitable that many pharmacies will be left out to dry financially," said ABDA president Hans Günther Friese.

The government will also allow pharmacists to dispense an equivalent, but cheaper, product if the GP has not specified a particular brand on the prescription, the so-called *aut-idem* rule.

While ABDA has long been calling for *aut-idem* dispensing to become the norm, it was quick to point out that the proposals no longer mentioned any financial compensation for the loss of income pharmacists would incur. Without it, ABDA said, pharmacists were likely to lose DM31,000 (£9,873).

However, the health secretary, Ulla Schmidt, defended the measures, which are due to come into force at the beginning of next year.

"They are an important step towards stabilising the level of health insurance contributions."

A special commission of doctor representatives and health insurance companies is also to be given NICE-like powers to evaluate the efficacy and cost-effectiveness of "me too" products.

The BMG also wants to implement a 5 per cent reduction to the manufacturer's selling price for all medicines currently without a fixed tariff price (Festbetrag).

The announcements came just days after the annual German Pharmaceutical Conference had ended in Munich, at a time when pharmacists had been encouraged by positive responses from the BGM to *aut-idem* and ABDA's suggestions for an electronic script.

Matters were certainly not helped either by remarks made by the health minister in a Berlin newspaper, where he portrayed internet pharmacies in Germany as a distinct possibility.

"It's not a question of 'if' but 'how'," the health minister told the *Berliner Zeitung*.

EC integration – good or bad for the health?

Germany needs to keep its stringent pharmacy laws, says ABDA president Hans-Günther-Friese

While a certain European tiredness is all too apparent among the general population as far as healthcare policies are concerned, the topic seems to receive more and more attention.

Just about every EU member state is currently striving to find a way to keep healthcare spending under control. What would be more natural than to look to Europe or other countries for solutions?

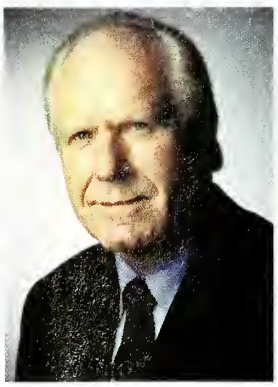
German politicians have also often asked whether the German healthcare system has to open itself up to international competition, especially from internet pharmacies and pharmacy chains.

But unregulated competition between differing national systems for supply of medicines is not only unfair, but also likely to jeopardise structures which have worked effectively for years.

As long as there are no common European rules regarding access conditions for foreign competitors, we must take precautions against potential distortions arising from varying national legislation.

Our job as pharmacists is to stress that all the institutional components of our medicines supply system, including the prevention of multiple and corporate ownership, are inter-linked and cannot be changed in isolation.

For instance, take pharmacy chains such as those in Great Britain. The economic interests of the owner will necessarily come ahead of the quality of patient care and a comprehensive out of hours service, 24 hours a day, 365 days a year cannot be guaranteed.



ABDA president Hans Günther Friese

In my opinion, the problem cannot be solved with a single European system, but needs co-ordination, co-operation and convergence.

Lipobay dampens Bayer's centenary

The withdrawal of Lipobay, just before Bayer's centenary celebrations for its training and professional development division, could not have come at a worse time. However, Dr Manfred Schneider, Bayer's chairman, remained optimistic. "We will look intensively and actively towards the future. Life goes on and Bayer will survive," Dr Schneider said, during the official celebrations. Guest of honour was the prime minister of the German state of Northrhein-Westfalia, Wolfgang Clement (left, pictured with Dr Manfred Schneider at Bayer's Leverkusen headquarters)

Following the successful introduction of Xatral XL 10mg o.d., we are phasing out Xatral SR 5mg b.d. in November. This means that patients on Xatral SR can be switched to Xatral XL 10mg o.d. at the earliest opportunity. Good news for your patients!

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Presentation: Xatral XL tablets containing 10 mg alfuzosin hydrochloride in a prolonged release formulation, Xatral tablets containing 2.5mg alfuzosin hydrochloride.
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Elderly and treated hypertensive patients Xatral XL – no dose adjustment required. Xatral – one tablet (2.5mg) twice daily (morning and evening).
Renal insufficiency Xatral XL – no dose adjustment required in patients with mild to moderate renal impairment. Experience in patients with severe renal impairment is limited and cautious use in these patients is recommended.
Xatral – one tablet (2.5mg) twice daily (morning and evening) adjusted according to clinical response.
Hepatic insufficiency Mild to moderate: single dose of Xatral 2.5mg per day, increasing to 2.5mg twice daily according to clinical response.

Contraindications: Hypersensitivity to alfuzosin, history of orthostatic hypoten co-administration with other alpha blockers, severe hepatic insufficiency.
Warnings: Postural hypotension with or without symptoms may occur in some subj in particular, patients receiving antihypertensive medications.These effects are tran and do not usually prevent continuation of treatment following dose adjustment.
Precautions: Initiate treatment gradually in patients who have shown hypersensitiv alpha blockers and in patients taking anti-hypertensive drugs. Continue specific anginal therapy in patients with coronary insufficiency. Discontinue Xatral XL or Xat angina reappears or worsens. Withdraw 24 hours before surgery.
Side Effects: Most frequently observed side effects are faintness, vertigo, dizzine malaise, headache, minor gastrointestinal disorders.
Basic NHS Cost: Xatral XL 10mg blister packs of 30 tablets £23.80; Xatral 2.5mg b packs of 60 tablets £19.00.
Legal Category: POM.
Product Licence Number: Xatral XL: PL 11723/0370. Xatral: PL 11723/0329.
Product Licence Holder: Sanofi-Synthelabo, PO Box 597, Guildford, Surrey.
Date of Preparation: September 2001.

XAT 0

Ginkgo shows varying results in clinical trials. *Professor Edzard Ernst*, Department of Complementary Medicine, University of Exeter, puts this natural remedy into perspective

Fabulous fossils

The ginkgo tree has often been named a "living fossil". It is the oldest living tree on earth and has been traced back 200 million years. Individual trees may live as long as 1,000 years.

The ginkgo tree (English common names maidenhair tree, duck foot tree, silver apricot) is native to Asia, but readily grows in most moderate climates, including the UK. Its Latin name comes from its fan-shaped, bright green leaves which have two lobes (biloba). The trees grow to a height of about 120 feet. Today they are being cultivated in many parts of the world for medicinal purposes.

In traditional Chinese medicine, ginkgo has been used for millennia for a range of conditions, including asthma. Modern pharmacological interest in ginkgo arose in the early 1960s when some of its active compounds were isolated.

Pharmacology

Medicinal ginkgo extracts are produced from the leaves, which are the parts richest in active compounds. Its constituents include amino acid 6-hydroxykynurenic acid, flavonoids (dimeric bioflavones) such as bilobetin, ginkgetin, isoginkgetin, sciadopitysin, and flavonols quercetin, kaempferol and their glycosides. About 40 different flavonoids have been identified including catechins, dehydrocatechins (proanthocyanidins), and flavones (for example, ginkgetin amentoflavune, bilobetin, sciadopitysin). Other constituents are terpenoids (diterpenes), such as bilobalide, and gingolides A, B, C, J and M as well as steroids (sitosterol, stigmasterol), polyprenols, organic acids (shikimic, vanillic, ascorbic, p-coumaric), benzoic acid derivatives, carbohydrates, straight chain hydrocarbons, alcohol, ketones and 2 hexenol.

As with many medicinal herbs, the relative importance of these constituents is not entirely clear in terms of the overall clinical effects. Several of the commercial extracts available to date have been enriched so that they contain particularly high concentrations of active or presumably active ingredients.

Numerous pharmacological activities have been shown in animal and in-vitro models: increase of microcirculatory blood flow, inhibition of erythrocyte aggregation, platelet-activating factor antagonism, free radical scavenging and oedema protection. This wide range of effects suggests that there is no single mechanism but a complex interaction of many effects.

TH Foto-Werbung/Science Photo Library

A young maidenhair tree (Ginkgo biloba): ginko has shown promising results for intermittent claudication and Alzheimer's, less so for tinnitus

Table 1
Meta-analysis: ginkgo for intermittent claudication

- Eight double-blind, placebo-controlled RCTs were found. They included 415 patients
- The quality of the primary studies was good to excellent
- Pain-free walking distance, improved significantly more than with placebo: [mean difference 34m (95 per cent CI 26 to 43)]
- Six trials also report significant differences in favour of ginkgo for maximal walking distance

Effectiveness

A meta-analysis of ginkgo for intermittent claudication assessed eight double-blind randomised clinical trials (RCTs) and suggested that there was a significant but modest increase of pain-free walking distance compared with placebo.[1] The majority of these studies also show a significant increase in maximal walking distance over and above placebo *(see Table 1)*.

Another systematic review identified nine double-blind placebo-controlled RCTs of ginkgo for the treatment of dementia. Its results suggested that ginkgo is effective in delaying the clinical deterioration of patients or in bringing about symptomatic improvements[2] *(see Table 2)*. This is corroborated by two further reviews[3,4], and a meta-analysis assessing patients with Alzheimer's disease.[5]

On the European continent (for example in Germany) ginkgo is licensed for the above two indications and for the treatment of tinnitus. A systematic review identified five RCTs on tinnitus patients. It concluded that the evidence is favourable, but methodological limitations prevent firm conclusions[6]. The latest RCT in this area was a large (n=1121) British study.[7] It found that 50mg of ginkgo extract three times daily for 12 weeks was no more effective than placebo in treating tinnitus.

The question of whether

Continued on page 24

Table 2
Meta-analysis: ginkgo for Alzheimer's disease.

- Four studies met all the inclusion criteria. (placebo-controlled, double-blind RCTs, sufficiently characterised patients, use of standardised ginkgo extracts, objective assessment of cognitive function.) They included 424 patients
- Their methodological quality was, on average, good
- A 3 per cent difference in the AD Assessment Scale – cognitive subtest was found compared with placebo
- It was concluded that a small but significant effect of three to six month treatment exists with 120–240 mg of Ginkgo biloba extract

TH Foto-Werbung/Science Photo Library

Fossilised gingko leaves, dating back to over 200 million years ago

◀ Continued from page 23

ginkgo improves normal memory has often been tested, but results have been surprisingly mixed.

Most of this data tends towards a positive answer.[4] One recent double-blind RCT investigated the effects of ginkgo extract in healthy individuals without cognitive impairment.[8] After six weeks of treatment, receiving 180mg extract or placebo daily, participants in the ginkgo group reported significant improvements in cognitive function compared with the placebo group.

Other indications of ginkgo that have been tested in clinical trials include anxiety, asthma, loss of hearing, neuroprotection and stress. For none of these is the data sufficiently promising to deserve a more detailed discussion.

The dose used in these studies varies greatly, from 120–240mg of standardised extract daily in divided doses. Most of the evidence available to date relates to EGb761 (Schwabe, Germany), standardised to 24 per cent ginkgo flavonol glycosides and 6 per cent terpene lactones (3.1 per cent ginkgolide A, B, C and 2.9 per cent bilobalide) and to a similar product by Lichtwer (Berlin, Germany). Other products are often less expensive but do not necessarily have the same quality and thus efficacy and safety.

Safety

Ginkgo is contra-indicated in pregnancy, lactation and cases of hypersensitivity to ginkgo preparations.

With the apparently increasing use of gingko by younger people to help improve memory, it would seem prudent for pharmacists to stress the warning against taking gingko in pregnancy and while breast-feeding.

Effects in children under 12 years are largely unknown; caution would therefore be wise. Adverse effects of ginkgo are rare, usually mild and transient. They include gastrointestinal disturbances, diarrhoea, vomiting, allergic reactions, pruritus, headache, dizziness and bleeding. In several RCTs, the frequency and severity of adverse events in the ginkgo group was similar to that in the placebo group.

Excessive ingestion of ginkgo seeds by children (more than 50 seeds) may cause seizures. Potentiation of anticoagulants has been observed and constitutes an important herb-drug interaction.

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8. Mix JA, Crews WD. An examination of the efficacy of Ginkgo biloba extract EGb 761 on the neurophysiologic functioning of cognitively intact older adults. J Alt Compl Med 2000;6:219–29.

Further Reading

Ernst E, Pittler MH, Stevinson C, White AR, Eisenberg D. The desktop guide to complementary and alternative medicine. Edinburgh: Mosby: 2001.

Table 3
Meta-analysis: Ginkgo for tinnitus.

- Five RCTs were found with a total of 541 patients
- Their methodological quality was mixed and in some cases poor
- Their results were consistently positive with the exception of one study that used a low dose of ginkgo
- It was concluded that the evidence was promising, but not fully conclusive

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CONSUMER PHARMACEUTICALS

Clinical trials to include more women

Clinical trials will have to include more women in the future due to impending legislative changes.

Speaking at the British Pharmaceutical Conference, Angus Cameron, regulatory affairs manager of Inveresk Research, explained how women have been excluded from clinical trials in the past. But changing demographics, improvements in the diagnosis and treatment of disease, as well as changes in disease incidence in women means that there is an increased need for female specific research and treatment.

Women may have been excluded from trials, or only included in much lower numbers, due to high profile disasters such as thalidomide, or testing in women being perceived as "sensitive" or politically incorrect. It also may have been a cost-saving policy by pharmaceutical companies to avoid reproduction toxicology and to reduce the size of clinical trials.

Mr Cameron gave examples of the differences in disease and treatment between men and women

Within one year of a heart attack 44 per cent of women will die, compared to 27 per cent of men. On average women are 10 years older than men when diagnosed with heart disease, they experience different symptoms and are treated less aggressively than men.

Drugs also have different effects in men and women: sertraline has been found to be effective for post-traumatic stress in women, but not men, and 5HT3 antagonists effectively treat irritable bowel syndrome in women but not men.

A new European Directive on clinical trials (2001/20/EC) will ensure that all member states have to apply the same regulatory standards. This will be law by May 2003 and will include guidance on women in clinical trials.

As pharmaceutical companies become aware of the growing market in women's diseases and regulatory authorities require better prescribing information there will be more women included in research.

No evidence for benefit of progesterone in PMS

Progesterone is of no benefit in the treatment of pre-menstrual syndrome, says a study in the *British Medical Journal*.

The study, by researchers from Keele University and North Staffordshire Hospital, reviewed 14 trials of progesterone or progestogen therapy involving 909 women.

After combining evidence from all the trials, the researchers found no clinically significant differences between progesterone and placebo, and they concluded that there was "no convincing evidence to support the continued prescription of progesterone or progestogens for the management of pre-menstrual syndrome".

Shaughn O'Brien, Professor of Obstetrics and Gynaecology, who led the study, said: " The problem is due to a lack of the brain hormone serotonin." He added that SSRIs could be used for PMS, but drugs are a last resort in most cases. Dr Paul Dimmock, co-author of the study, said that lifestyle changes such as exercising and avoiding caffeine and alcohol in the week before a period were good for mild symptoms of PMS.

For mild symptoms of PMS, taking more exercise can be beneficial

PMS affects about 1.5 million women in the UK and progesterone is the preferred treatment. This is because PMS is considered a hormonal disorder, as there are no symptoms during pregnancy and after the menopause. However, there is no research that indicates there is a progesterone deficiency in PMS sufferers, says the study.

For more information:
BMJ, 323:776-780.

Breath-actuated inhaler is better than MDI

Asthma sufferers need fewer oral steroids and less antibiotic treatment if they use a breath-actuated steroid inhaler rather than a pressurised MDI, according to a recent study.

Medical information from over 7,000 asthmatic patients who used either the Easi-Breathe or a traditional metered dose inhaler was retrospectively examined.

Patients were categorised into four sub-groups according to whether a traditional MDI or breath-actuated inhaler was used for steroid therapy, and whether they were newly diagnosed or existing patients (already on a breath-actuated or MDI).

Over 80 per cent of existing adults who used an MDI were prescribed one course of oral steroids per year, whereas less than a third of adults using the Easi-Breathe had oral steroids.

In newly diagnosed children, antibiotic use fell from 41 per cent to 13 per cent when comparing MDIs to the Easi-Breathe.

In all cases the use of oral steroids, antibiotics and beta-2 agonists was less in the Easi-Breathe groups.

One reason for the poor results for MDI users could be poor technique, according to other studies.

David Price, Professor of Primary Care Respiratory Medicine, Aberdeen University, presented the findings. He said that because the study was not randomised, the findings are not definitive, but they do imply that inhaler choice is important.

The study was supported by Ivax, formerly Norton.

Poor care for patients on artificial nutrition

An increasing number of elderly patients who require artificial nutrition are receiving inadequate levels of treatment care in hospitals and the community, according to a study published by the British Association for Parenteral and Enteral Nutrition.

Professor Marinos Elia, editor of the report, said: "The treatment of these [elderly and debilitated] patients is increasingly being carried out in the home, in some cases with inadequate support from the health service and increasing pressure and strain on the families."

Every year about 200,000 patients receive artificial nutritional support, in most cases in the community. It costs up to £40,000 per year to provide home parenteral nutrition and £7,000 per year for enteral tube feeding, according to the Professor.

Professor Elia suggests improvements to the services offered to patients, including better guidelines for community care, more health authority funding and better training for doctors.

The British Artificial Nutrition Survey is conducted annually and looks at the demand and need for treatment, age profiles of patients requiring nutrition support, trends in diagnosis, disability and dependency.

For more information:
www.bapen.org.uk.

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Scriptlines

Updates from Alliance

The product licences for Distamine (D-penicillamine) 125mg and 250mg tablets have been transferred to Alliance Pharmaceuticals from Eli Lilly, with immediate effect. Alliance expects to change the packaging early next year.

Alliance also says that Pragmatar cream 25g and 100g is now back in stock, following recent supply problems. The SPC for Pragmatar has also been updated, and section 4.4 now includes the warning "Avoid use on genital or rectal areas."

The SPC has also been updated for Symmetrel (amantadine) capsules. The indications for treatment and prophylaxis of influenza A have been removed.

Symmetrel syrup is not affected by the change.

Pharmacists presented with prescriptions for amantadine capsules need to check if the patient requires Symmetrel or Lysovir (amantadine).

For more information:

Alliance Pharmaceuticals Ltd
Tel: 01249 466966.

Xatral SR 5mg to be discontinued

Sanofi-Synthelabo is discontinuing Xatral (alfuzosin) SR 5mg tablets in November. The company is recommending those patients taking Xatral SR 5mg bd are switched to Xatral XL 10mg od.

For more information:

Sanofi-Synthelabo Ltd
Tel: 01483 505515.

Medical enquiries move to King

King Pharmaceuticals has taken over responsibility for medical information enquiries for the following products, with immediate effect:

- Allegron (nortriptyline) 10mg and 25mg tablets
- Nebcin (tobramycin) 20mg and 80mg injections
- Cycloserine capsules
- Capastat injection.

For more information:

King Pharmaceuticals
Tel: 01462 434366.

Frontshop

Nicotine replacement therapy – suck it and see

GlaxoSmithKline is launching an oral form of nicotine replacement therapy.

NiQuitin CQ lozenges is a Pharmacy product and come in two strengths – 2mg and 4mg of nicotine (as nicotine polacrilex).

Dosage is determined using the "time to first cigarette" method as an indicator of dependency. This ensures that smokers are given the appropriate strength of lozenge according to their dependency to maximise success rates.

High-dependent smokers who smoke within 30 minutes of waking will require the 4mg lozenge, whereas smokers who smoke 30+ minutes after waking should use the 2mg lozenge.

Quitters are recommended to take one lozenge every one to two hours for the first six weeks of their quit attempt. They remain on the same strength of lozenge, reducing the number of lozenges used per day in a structured 12-week step-down dosing schedule.

This reduction gradually decreases the amount of nicotine in the body until they are free of it.

GSK says clinical trials show that the lozenge can triple the chances of succesfully quitting, compared with placebo, when the recommended dosage regime is followed.

Consumer are offered a free, personally-tailored support programme which they will receive in instalments throughout their treatment course.

The launch will be supported by a £1 million marketing campaign including TV advertising from December to March, capitalising o the peak quitting period.

The lozenges have a light mint flavour and come in two pack sizes

Price: 36 lozenges £8.99; 72 lozenges £17.49

Pip code: 2mg (36) 282-5370; 4mg (36) 282-5388; 2mg (72) 282-5396; 4mg (72) 282 5404
GlaxoSmithKline Consumer Healthcare
Tel: 020 8560 5151.

Breathe easily with Karvol menthol rub

Following its launch preview at Chemex 2001 last month, Karvol Vapour Rub with Menthol is now available from Crookes Healthcare.

The menthol rub is formulated to help clear nasal congestion and make breathing easier.

It contains a combination of aromatic oils including pine, eucalyptus and menthol.

The product is suitable for adults and children over six months.

Price: £2.99

Pack size: 45g jar
Pip code: 281-1529
Crookes Healthcare Ltd
Tel: 0115 953 9922.

Day Nurse's new formula for success

GlaxoSmithKline Consumer Healthcare has reformulated its Day Nurse liquid and capsules.

It now contains the decongestant pseudoephedrine hydrochloride in place of phenylpropanolamine hydrochloride. The new formula also includes the cough suppressant pholcodine in place of dextromethorphan, together with paracetamol.

Day Nurse liquid, which has a new dosage of 30ml every four hours, contains pseudoephedrine 60mg, pholcodine 10mg and paracetamol 1,000mg per dose.

The dosage of the capsules (each containing pseudoephedrine 30mg, pholcodine 5mg and paracetamol 500mg) remains unchanged at two capsules every four hours.

The liquid has been repackaged in a larger 240ml plastic bottle.

Price: liquid £4.69; capsules £4.05

Pack size: 240ml liquid; 20 capsules
Pip code: liquid 283-1527; capsules 007-6083
GlaxoSmithKline Consumer Healthcare
Tel: 020 8560 5151.

New Accu-Chek Active Blood Glucose Testing System

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Theramed Perfect gets toothpaste out of a mess

Schwarzkopf & Henkel has redesigned the traditional toothpaste tube with the launch of its new toothpaste.

Theramed Perfect has a "stay clean" nozzle to provide a clean and economical way of dispensing toothpaste.

The new packaging means that the product stands upright on a broad cap. After the toothpaste is squeezed onto the brush, the rest of the paste is "sucked back" into the tube.

The tube is designed so that it doesn't clog up around the neck or cause toothpaste smears on the bathroom shelf.

The toothpaste is formulated to help reduce bacteria and provide protection against tooth decay and everyday gum problems.

The product comes in three variants – Micro Clean which is suitable for the whole family, Extra Fresh with anti-bacterial action for long-lasting breath freshness and Extra White to bring teeth back to their natural whiteness.

Price: £1.89

Pack size: 100ml

Pip code: Micro-Clean 280-4185; Extra Fresh 280-4193; Extra White 280-4201

Schwarzkopf & Henkel

Tel: 01296 314000.

Wassen supplements stand tall

Wassen International is launching eye-catching new packaging for its 30 and 90 sizes of supplements.

The taller portrait packs feature a prominent benefit-led health message on the front panel and are designed to increase on-shelf impact.

The first new-look supplements will include Selenium-ACE, Magnesium-OK, Confiance, Coenzyme Q10 + Vitamin E and Serenoa-C.

Wassen's new range of minerals including Magnesium-B, Silica-OK and Zinc-ACE (initially being launched exclusively at Boots) will also feature the same presentation

For further information:

Wassen International

Tel: 01372 379828.

Contac has a new formulation

GlaxoSmithKline is relaunching its Contac Non Drowsy 12 Hour Relief decongestant and will phase in new packs from November.

Contac Non Drowsy 12 Hour Relief capsules will contain pseudoephedrine 120mg in place of phenylpropanolamine hydrochloride. Chlorphenamine has been removed from the formulation.

The non-drowsy, maximum strength product is formulated to provide fast congestion relief from cold, flu and allergy symptoms.

The product's delivery method is designed to give slow release of pseudophedrine over a 12-hour period, providing the right amount of medicine at the right time.

A new pack design uses the brand's familiar clock symbol and highlights the claims on the front of the pack. Dosage is one capsule every 12 hours.

Price: 6's £2.99; 12's £4.85; 24's £6.65

Pip code: 6's 282-6055; 12's 282-6089; 24's 282 6097

GlaxoSmithKline Consumer Healthcare

Tel: 020 8560 5151.

New brush strokes from Lady Jayne

Cork International is introducing three brushes to its Lady Jayne range of hair accessories.

Lady Jayne Hot Curl brushes help control problem hair and give body and definition to fine hair. The bristles are designed to grip on to the hair for maximum control.

The new silver and black brushes will be available in three sizes.

Price: £2.99 – £3.69

Cork International

Tel: 0115 978 4271.

A patch in time...

A new Swiss range of face patches utilises skin patch technology to provide patches for different facial skincare needs.

Beauty, Cosmetic and Medical Care Switzerland claims that its Biological Face Lifting Patch provides an "instant and visible beauty performance".

Suitable for all skin types, the patch contains collagen, vitamin E, aloe vera, ginkgo biloba extract and elastin.

It is applied to the entire face after cleansing and left for about 30 minutes.

BCM says clinical evidence shows that the moisture absorption of the patch is four to five times higher than with conventional skincare preparations.

Skin patches are designed as an additional "energy booster" to a normal skincare routine and can be applied once or twice a week.

There are seven different facial patches in the BCM range including an anti-wrinkle patch with retinol and an after sun patch.

Price: single patch £3.95; pack of four £14.95

Perma-Jeune Ltd

Tel: 020 7580 6900.

Back pain publication is updated

A new version of *Understanding Back Pain* has just been published in the Family Doctor Series of Health Information Books.

The title has been comprehensively revised and updated to keep pace with advances in medical science. It is written by Malcolm Jayson, Professor of Rheumatology at the Manchester and Salford Back Pain Centre.

Back pain is a major and increasing health problem and is now a principle cause of absence from work.

The book shows how the back works, what goes wrong and why problems arise. It also explains how problems are treated and when investigations and specialised help are necessary.

The Family Doctor series is available for sale through pharmacies.

Price: £3.50

Family Doctor Publications Ltd

Tel: 01202 668330.

Only Complete will do

Despite the well documented need to treat the cause of thrush, many women are only requesting treatments that deal with the symptoms, and are therefore suffering repeated episodes unnecessarily. What's more, many of these women don't even know why the irritation keeps on returning.

Maybe this is because they don't really understand thrush and how it should be treated. Maybe it's because they're too embarrassed to ask and just choose a product they know. Maybe it's because they aren't aware that effective treatments are available in formats that they like.

Whatever the case, it's important that your customers are recommended a Complete solution for thrush.

Did you know...?

- 91% of women that suffer the symptoms of thrush also have a vaginal infection[1]
- Despite this 49% are still only treating the external symptoms[2]
- In the majority of cases, if the infection is not treated then the symptoms will soon reappear
- 28% of women don't understand why their symptoms reoccur[3]

Women prefer the comfort of cream

The one thing that most of your customers do know, is that they like to use a cream for the treatment of thrush. In fact, 79% of women choose a cream formulation for thrush.[4]

NEW

clotrimazole

2% cream soothes and calms the irritation

10% cream in a pre-filled applicator treats the internal infection

Doing what's best for sufferers

Although most women with thrush come to the pharmacy wanting relief of the itching, and requesting a cream to take away the symptoms, it's important they treat the cause as well. Since they prefer the comfort of cream, both for external and internal use, there's only one recommendation that makes sense.

The Complete answer to thrush

Now you can offer everything they want and need in one convenient pack:

- A cream to treat the internal infection – just as effectively as a pessary[5]
- And a cream to provide immediate relief of the external symptoms

Canesten Complete is the simple way to ensure your customers get everything they need to effectively treat thrush, in the format they prefer.

Complete customers

Canesten Complete might be particularly suitable for:

- Young, infrequent or inexperienced users
- Women who use external cream only
- Menopausal women

Complete opportunity

Research shows the launch of Canesten Complete will result in 5% market growth, this represents significant potential for your pharmacy.

Product Information for Canesten® Complete Cream. Presentation ***Canesten® Complete Cream*** A prefilled applicator (5g) of cream containing clotrimazole 10% w/w, plus a 10g tube of Canesten Thrush Cream containing clotrimazole 2% w/w. **Indications:** Treatment of candidal vaginitis and associated candidal vulvitis. **Dosage and Administration** ***Adults:*** Insert the contents of the filled applicator (5g) intravaginally and apply the cream to the vulva and surrounding area two or three times daily and rub in gently. ***Children:*** Paediatric usage is not recommended. **Contra-indications:** Hypersensitivity to dotrimazole. **Warnings and Precautions:** A physician should be consulted if this is the first time the patient has experienced symptoms of candidal vaginitis or if any of the following are applicable: more than two infections of candidal vaginitis in the last six months; previous history of or exposure to partner with a sexually transmitted disease; pregnancy or suspected pregnancy; aged under 16 or over 60 years; known hypersensitivity to imidazoles or other vaginal antifungal products. Medical advice should be sought if the patient has any of the following symptoms: irregular vaginal bleeding, abnormal vaginal bleeding or a blood-stained discharge; vulval or vaginal ulcers, blisters or sores; lower abdominal pain or dysuria; any adverse events such as redness, irritation or swelling associated with the treatment, fever or chills, nausea or vomiting, diarrhoea; foul smelling vaginal discharge. If no improvement in symptoms is seen after seven days, the patient should consult their doctor. This product may damage latex contraceptives therefore patients should use alternative precautions for at least five days after using it. **Side-effects:** Rarely, local mild burning or irritation immediately after use. Hypersensitivity reactions may occur. **Use in Pregnancy:** Only when considered necessary by a physician. Take extra care when using the applicator to prevent the possibility of mechanical trauma. **Cost:** £9.89 **MA Number:** PL 0010/0136 and PL 0010/0077. **MA Holder:** Bayer plc, Consumer Care Division, Newbury, Berkshire RG14 1JA. **Legal Category:** P. **Date of Preparation:** May 2001. **References:** 1-4. Data on file, Bayer UK. 5. Cohen L. Curr Med Res Opin 1985; 9: 520-523.

Inbrief

Ultramol now in smaller packs

Sterwin Medicines has introduced a new 12 pack of its Ultramol Soluble effervescent tablets in addition to the 60 pack. The effervescent tablets contain paracetamol 500mg, codeine 8mg and caffeine 30mg.

Trade price: £1.88

Pip code: 282-8689
Sterwin Medicines
Tel: 01483 505515.

Echinacea promotion

Potter's is running a winter trade promotion for its Elixir of Echinacea to help customers prepare for the cold and flu season. For every six bottle of the product purchased, pharmacies will receive one free bottle. Potter's is supporting its brands this winter with a £500,000 promotional campaign.

For more information:

Potter's (Herbal Supplies) Ltd
Tel: 01942 405100.

Synergie cream is a beauty winner

Garnier Synergie Wrinkle Lift A has been nominated "best buy" in a test of 16 facial moisturisers in the October issue of *Which?*. The Consumers' Association asked 12 women to blind test the product over a five-day trial period. Synergie Wrinkle Lift A (rsp £7.99) was the only moisturiser costing between £7 and £14.99 to be rated by users as a good overall moisturiser. All 12 users felt that it was good value for money.

For more information:

Laboratoires Garnier
Tel: 020 8762 4010.

Braun stylers get new packaging

Braun is repackaging its cordless styler range of straighteners, curlers and power brushes to aid customer selection. The new look will feature helpful product benefit icons, new colours and window packaging. For Christmas, Braun has produced new window packs for its C100TS cordless styler with steam and HS3 power brush. There will also be price promotional activity across Braun's top selling stylers.

For more information:

Braun (UK) Ltd
Tel: 020 8560 1234.

Frontshop

Facial wipes are spot on for teenagers

Perma-Jeune is expanding its Comodynes range with the launch of cleansing and treatment facial wipes for skin with blackheads and pimples.

Comodynes Dermatological impregnated wipes are formulated to thoroughly cleanse the skin while helping to reduce the excess oil secretion of the sebaceous glands.

The wipes come in re-sealable packs.

Price: £3.95

Pack size: 20 wipes
Pip code: 283-2749
Perma-Jeune Ltd
Tel: 0207 580 6900.

Pre-Christmas crackers from Kodak

Kodak is running two promotions from October 22 until December 13 to provide retailers with an opportunity to drive pre-Christmas sales.

Kodak Picture Gifts will be promoted with a new premium gift packaging design and countertop merchandiser.

Consumers can have their favourite pictures or negatives put onto gift items such as mouse mats, mugs and T-shirts.

The merchandiser includes samples of a table mat, mug and coaster, plus a leaflet detailing the full range of Kodak Picture Gifts.

Kodak's second promotion, "Get Bigger Pictures", offers consumers standard 5in 7in for the same price as small 4in x 6in prints when ordering Kodak Photo Service Plus.

For more information:

Kodak Ltd
Tel: 01442 261122.

Rimmel sponsors music awards

Rimmel London is the first cosmetics company to sponsor the MTV Europe Music Awards 2001 in Frankfurt on November 8.

Rimmel is inviting people to send in a photo of themselves made up in a "Rimmel glammed up look". The winner and a friend will be flown to Frankfurt and be pampered by a Rimmel make-up expert and hair consultant before being taken to the MTV Europe Music Awards and exclusive party afterwards.

For more information:

Coty (UK) Ltd
Tel: 020 8971 1300.

Keep in the picture with Konica offers

Konica is introducing two consumer promotions from mid-October. A pack of three Centuria 200/24 colour print films will retail at £5.00. The three films are shrink-wrapped onto a ready-to-display, euro-hanging backing card.

In addition, Konica's Film-In Flash single-use camera is on offer for £5.00 instead of the normal rsp of £9.99.

Both offers will be supported by PoS material, including a counter unit with a colourful header card and a window poster.

The minimum order for these special offers is 40 x film packs and 40 x Film-in Flash.

For more information:

Konica (UK) Ltd
Tel: 020 8751 6121.

TV next week

Anadin Ultra: All areas

Aquafresh toothbrush: All areas except U, CTV, GMTV, TSW

Aquafresh toothpaste: All areas except U, CTV, GMTV, TSW

Blistex: GMTV

Calpol Fast Melts: All areas except U

Clearblue Pregnancy Test: G, A, W

Nicorette: All areas

Nurofen: STV, Y, C, A, HTV, W,M, LWT, CAR, C4, C5, Sat

Oxy: All areas except U, CTV

Panadol: All areas except U,CTV, TSW

Regaine Extra Strength: ITV, C4, C5

PharmaSite for next week: Flu Jab, London – Window, **Zantac** – Window, **Zantac** – In-store, **Canesten Oasis** – Dispensary

A-Anglia, B-Border, C-Central, C4-Channel 4, C5-Channel 5, CAR-Carlton, CTV-Channel Islands, G-Granada, GMTV-Breakfast Television, GTV-Grampian, HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-Satellite, STV-Scotland (central), TT-Tyne Tees, U-Ulster, W-Westcountry, Y-Yorkshire

As hairstyles go with the flow, so must the market

In a series of product category reviews, Information Resources analyses the haircare market in pharmacies. Each month, a different pharmacy expert comments on how the product category is performing

The UK haircare market is worth £78.7 million but has declined by 5.5 per cent in the past 12 months.

Volumes have remained fairly static, suggesting that competition from the major multiples has compelled pharmacies to reduce their prices and offer more promotions.

Hairspray is driving this value decline, with a drop in sales of 13.7 per cent. Although this is a mature sector, technological innovation in product formulations (including "natural hold" variations and more caring properties) have challenged the alternative styling aids. Elnett hairspray is the best-selling product with sales of £2.2m.

The trend away from formal, sculpted hairstyles towards more natural, easycare styles has increased the diversification of products in the styling aids sector. Waxes have seen the largest value growth of 18.7 per cent.

Gels are the most popular format, with Wella Shockwaves Gel being the top-selling product in the sector with sales of £986k.

The shampoo sector is worth £16.5m, a value decline of 4.1 per cent, with Neutrogena the number one brand. Notable growth has come from Alberto Balsam and Timotei, showing growth of 83 per cent and 10.8 per cent respectively.

Consumers' concern about the condition of hair, along with a growth in the use of hair colorants, has boosted sales of conditioners.

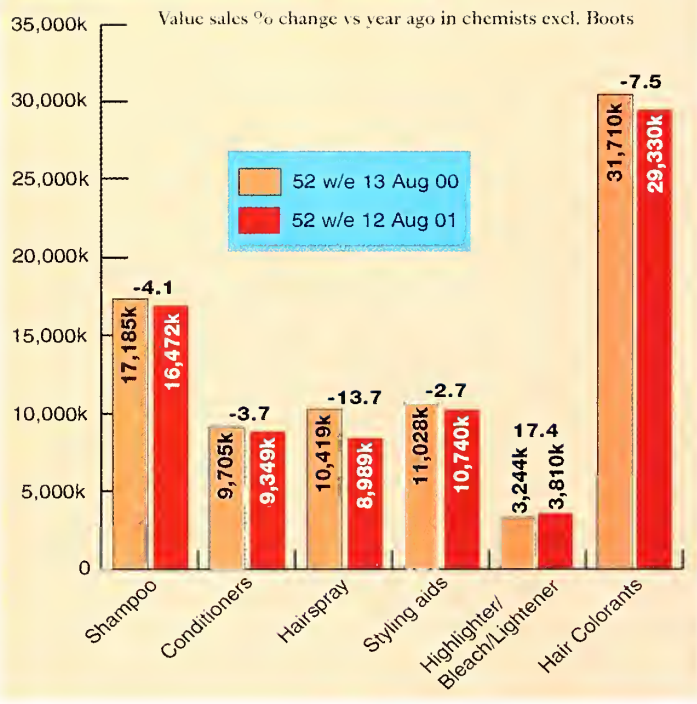
Recent promotions have offered a free conditioner with a shampoo and as such will not register in value. This reflects the value decline of 3.7 per cent against an increase in units of 7.4 per cent.

Hair colorants make up the largest haircare sector within chemists. While consumers are prepared to buy other haircare products at the supermarket, hair colorants are a high stress purchase and people appreciate advice from the pharmacist.

Hair colorants have shown a decline in both value (7.5 per cent) and units (1.9 per cent). Significant performance has come from Live Unlimited (+169.3 per cent) and Herbal Essences (+358.5 per cent), both launched last year.

The highlighters, bleaches and lighteners sector has seen value growth of 17.5 per cent and volume growth of 15.4 per cent.

Top haircare categories



Top pharmacy brands

Shampoo
1. Neutrogena
2. Pantene Pro-V
3. Head & Shoulders
4. Elvive
5. Clairol Herbal Essences

Conditioners
1. Pantene Pro-V
2. Vitapointe
3. Elvive
4. Alberto Balsam
5. Gliss

Hair colorants
1. Clairol Nice N Easy
2. L'Oréal Recital
3. Garnier Belle Color
4. L'Oréal Excellence
5. Just for Men

Styling Aids
1. Shockwaves Gel
2. Brylcreem Cream
3. Amami Setting Lotion
4. Alberto VO5 Non-Aerosol Styling Sprays
5. Wella Setting Lotion

Highlighters/Bleaches/ Lighteners
1. Jerome Russell B Blonde
2. Wella Hair Streaking Kit
3. Clairol Born Blonde
4. Sun In
5. Clairol Highlights

information resources

John Barklamb, sales & marketing manager, Nucare

"Nucare is trying to encourage independent pharmacies to build the haircare category. We recommend stocking winning lines from leading haircare brands. Take care not to overstock so that you have a clear and concise offering.

We need to change the consumer perception that grocers are always cheaper for haircare products.

Where suppliers make the effort to put a promotion in place, pharmacies should take it on board and use it effectively.

Independent pharmacies can compete with grocers in terms of providing a good service with the way products are displayed, the lines offered and special promotions.

We suggest that pharmacies should have a haircare "hot spot" (even if it is a loss leader) to make sure that they are giving the perception of being competitive on price to customers, eg "buy one get one free". It's also important to rotate special offers.

Nucare runs a successful "promotion and display" haircare programme with Procter & Gamble. Over 300 of our members voluntarily take part in this scheme and are paid a display allowance to encourage effective merchandising of the category.

The programme helps members to select the right products and price accordingly to help build the category.

It's important to get the right product in front of the pharmacy's typical customers. We give our members planograms for the customers in their particular area.

Our planograms are based on the data for leading brand sales over the last 9-12 months, then matched to the type of bay, gondola or display unit, and to the pharmacy's customer profile.

By adopting a programme like ours, independent pharmacies can maintain and grow an existing haircare business, refocus on lines and merchandise properly."

John Barklamb, sales & marketing manager, Nucare

IMPORTANT ANNOUNCEMENT

Kodak

KODAK'S CONTINUING FIGHT AGAINST UNAUTHORISED IMPORTS

In September 1996 we issued a press statement which indicated that as of **1st January 1997** we intended to enforce our trade mark rights in respect of the import and onward distribution of Kodak products originally sold outside the EEA and imported into the EEA without our consent.

Since then we have issued over 30 High Court writs against traders dealing in such products. All have resulted in binding undertakings being given by them to:

1 stop selling such products

2 provide details of all dealings in those products

3 not sell any such products in the future

Currently we have several other cases under consideration.

We will continue to take similar action as necessary to protect the Kodak name and trade marks in the U.K.

If you become aware of or are offered any Kodak products of this kind, please telephone us on

01442 845710

Kodak

Share Moments. Share Life.™

Scare stories about cosmetic ingredients are alarming for the public. Paul Crawford, Head of Regulatory and Environmental Services at the Cosmetic, Toiletry and Perfumery Association, examines some common myths about cosmetic ingredients

Cosmetics:

"You'll never believe this. A friend of mine works at the local hospital and doctors there are really worried. They've discovered that one of the ingredients used in lots of cosmetics (any ingredient name) is causing cancer. But no one will do anything about it. Their bosses have told the government, but it says that this ingredient is really important and there's nothing else which will do the same job. So the cosmetic companies have got to keep on using it. Go and check the ingredients on all your cosmetics and toiletries. Tell all your friends. This is really important."

One of your customers has received this by e-mail or perhaps has come across it on the internet. The customer is concerned and wants your advice. What are you going to tell them? There are over 9,000 ingredients used in cosmetic, toiletry and perfumery products (referred to as cosmetics) and it is impossible to be up-to-date on the safety profile of them all. Fortunately, the same old chestnuts reappear time after time.

Information, and misinformation, about cosmetic ingredients arises in any of four ways:

- internet sites, internet bulletin boards, chat sites or e-mails
- unpublished scientific research
- published research which may or may not be subsequently repeated and validated successfully
- print or broadcast media.

Why is it that people automatically attach credence to whatever appears on their computer, either on the internet or by e-mail? Is this a hangover from the days when having a paper or article published implied respectability and truth because some sort of editorial control had been asserted before publication?

The internet began life as a tool for scientists before becoming a mass communication channel a latterly a medium for business. Almost anyone can post information there so it is essenti that users are selective about the information they access.

Unfortunately, where scientif or safety information is concerned, this explosion in the availability of information has occurred at just a time when far fewer people seem to be able to comprehend general science, biology, chemistry or physics.

They cannot assess the validit of the information. Just as we shall never know why people wr computer viruses, we shall never know why others create internet scares. However, when dissemination of a scare is closel associated with a specific compa whose products do not contain t supposedly damaging ingredien a degree of scepticism is require

There are many reasons why research is not published:

Certain ingredients used in cosmetics, toiletries and pharmacy products are repeatedly the subject of scare stories

ne inside story

- it may not be comprehensive enough
- experiments may not have been performed according to agreed standards and protocols
- there may not have been sufficient funding to complete the work
- the experiments may not have produced any definite conclusions or made any associations
- it may just not be interesting enough.

For whatever reason, quoting "unpublished research" is unhelpful and unproductive, as no one can check the work or its conclusions and other researchers are unable to repeat it.

Research published in authoritative scientific journals will have been performed to accepted norms and standards and been peer reviewed by independent experts to confirm this. However, we must be careful how these results are interpreted.

Often, the results may just hint at human health effects after repeated exposure to certain chemicals. This is an invitation for a critical review of the work, for the work to be repeated and for further work by other researchers to confirm or refute the link.

The cosmetics industry, government scientific experts and independent experts all take this type of authoritative research seriously and will work together to confirm or refute any health issue. In most cases, we are looking at small changes in biology caused by long-term chronic exposure and this is why results are often uncertain.

Many women's magazines and national newspapers like a good scare story every now and then, and their archive systems are quite effective at collating information on most of the common scares. A recent article in the *Evening Standard Magazine* managed to include 18 specific cosmetic scares in a single article.

In most cases, the scare bears no relation to the facts and journalists seem unwilling or unable to check the validity of the information rigorously. Even when some research into an issue has been undertaken, the media appear particularly adept at taking single extracts out of context and claiming them to be scientific evidence supporting their arguments when in truth they are nothing of the sort.

As an example of how things can be misinterpreted, consider "dihydrogen monoxide". Also known as hydric acid, this colourless and odourless substance is used as an industrial solvent-coolant and in nuclear power plants. Its solid and vapour forms can cause burns and its liquid phase is the direct cause of many deaths each year. It is also found in cancerous growths, contributes to acid rain, and is ubiquitous in the environment. Surely this dangerous chemical needs to be severely controlled and regulated if not banned altogether? When presented with these facts, most people agree. This shows how the selective use of information can create worries and concerns even about such an essential and safe substance as water (H_2O).

The human body is immensely complex and its workings cannot be understood by most of the public, who rely on specialists in medicine, toxicology and biological sciences. Our modern life and health also depends on chemicals, whether synthetic, nature-identical or harvested from nature.

Cosmetics, toiletries and perfumery products are used every day by most people in the

Continued on page 38

Continued from page 37

western world and are amongst the safest products on the market. It is easy to stir up concerns by selective use of information or by misquoting facts. In most cases, these concerns are groundless.

Certain ingredients are repeatedly the subject of scare stories, so let's examine the true facts.

SLS – Sodium Lauryl Sulfate[1]

SLS and SLES (sodium laureth sulfate) are detergent/surfactant materials with good cleansing properties and an excellent safety record. It is because they combine safety with efficacy that they are so widely used. They can be found in shampoos, bubble baths, cold creams and cleansing lotions, toothpastes, mouthwashes, deodorants and make-up, etc. There are a number of e-mails circulating which allege that these two ingredients are dangerous; one in particular states that SLS can cause cancer. One or two manufacturers use these "facts" in associated promotional material for their SLS-free or SLES-free products.

SLS has never been shown to cause cancer in man or animals. Both government and independent expert scientific bodies have reviewed these ingredients and confirm their safety. When tested at high enough concentrations in some human subjects, they can produce eye and skin irritation. However, this is not a problem for products designed for discontinuous, brief use followed by thorough rinsing.

In products intended for prolonged skin contact, low concentrations are perfectly safe and formulations may include other ingredients which minimise any potential irritancy still further.

"Is there some rule which says that something used to reduce the freezing point of another liquid must be toxic?"

One of these e-mails purports to come from the University of Pennsylvania, but is a hoax. Health Canada, responsible for cosmetic safety in Canada, has taken the unusual step of placing a rebuttal of this e-mail on its website (*www.hc-sc.gc.ca/ehp/ehd/psb/cosmetics/sls.htm*) and confirming that the ingredients are perfectly safe for use in cosmetics.

Talc

Talc, or talcum, is a naturally occurring mineral, hydrated magnesium silicate ($Mg_6Si_8O_{20}(OH)_4$). Cosmetic talc is prepared by milling talc from selected mines, which supply talc of a very high quality and purity. Its uses in cosmetics include body powders, anti-perspirants, decorative cosmetics such as eye shadow, blusher and face powder as well as dusting powder and baby powder.

Scare stories usually involve dusting powder or baby powder and mainly concern use around the female genital area and links with ovarian cancer. The US Food & Drug Administration co-sponsored an open workshop in 1994 which reviewed all available toxicological data and epidemiological studies.

No basis was found to conclude that talc is capable of migrating to the ovaries and this has subsequently been confirmed in further epidemiology studies and by independent reviews of safety data.

Regarding inhalation, there is no causal link, either theoretical actual, between cosmetic talc an lung cancer. There is not a singl report in the scientific literature suggesting that inhalation of cosmetic talc causes lung cancer or mesothelioma.

However, as with all powdere products, there is a risk of suffocation or of choking should infants' faces be smothered in powder. For this reason, many dusting powders likely to be use on babies will bear a warning on the pack.

Propylene Glycol

Propylene glycol is used as a humectant and skin conditionin agent, solvent, viscosity-decreasing agent and fragrance ingredient. It is used in a wide range of cosmetic product categories including skin creams shampoos and conditioners, deodorants, soaps, toilet waters and make-up.

Scare stories about the ingredient usually state that propylene glycol is used in industry as an anti-freeze and aeroplane de-icer, and that healt effects include contact dermatiti ototoxicity (ear poisoning), kidn damage and liver abnormalities.

Propylene glycol has a wide range of industrial uses because is a very safe ingredient as well a having very useful properties. Is there some rule which says that something used to reduce the freezing point of another liquid must be toxic?

The adverse health claims ma against this ingredient are outrageous and often quote effe caused by totally different chemicals but with similar sounding names.

Propylene glycol is approved for food and pharmaceutical use in both the United States and European Union, including injection drug products. The Cosmetic Ingredient Review, a formal, independent body which reviews cosmetic ingredient safe using independent experts to assess the data, concluded that propylene glycol is safe for use i cosmetics at concentrations of u to 50 per cent.

Phthalates

Phthalates are a group of chemicals that have been in widespread use since the 1930s. They are used in products such a toys, vinyl flooring, detergents, lubricating oils, food packaging, pharmaceuticals etc. Three phthalates are used in personal care products such as nail polish.

Scare tactics

Scare stories use a number of tricks to increase the "fear factor".

- Use of the word cancer. There is still a general fear of cancer in the population at large and any mention of it adds to the scare. Yet, cancer is largely a disease of old age and in an ageing population, the chance of developing cancer in life has increased to about one in three.
- Noting that a chemical has not proved non-carcinogenic. The biggest risk factors for cancer come from lifestyle choices: smoking, unbalanced diet, reproductive hormones, the levels of which are affected by lack of exercise, obesity and alcohol intake (higher hormone levels increase the risk) and chronic infections.

People are also widely exposed to carcinogens produced by cooking food or which are produced in nature. Cancer is also due, in part, to normal ageing. In the general population, it is almost impossible to isolate the small effects of low dose exposure to a single chemical or ingredient used, for example, in cosmetics, and it is certainly not possible to prove a chemical is non-carcinogenic to the population at large.

- Stating that a chemical has industrial uses or various harmful effects. These statements are totally meaningless. Most chemicals have industrial uses and, in their concentrated form, can have adverse health effects. Glacial acetic acid, for instance, is an excellent solvent for many organic compounds and is a precursor for many more complex compounds in the chemical industry. It is flammable and corrodes the skin. When ingested, it can cause vomiting, haematemesis, diarrhoea, circulatory collapse and death. However, in its dilute form, it is the key constituent of vinegar, which is perfectly safe. We are happy to use it in cooking and as a food preservative.
- Implying that a chemical is "bad" and natural is "good". A chemical is any substance used in or resulting from a reaction involving changes in atoms or molecules; or used in chemistry; or made from chemicals. It does not mean the opposite of natural – the term chemical includes all substances, whether natural in origin or synthesised by man. Thus everything is made up of chemicals. Some synthetic chemicals are identical to those extracted from nature but will be of greater purity and, for certain ingredients at least, without the environmental and ecological consequences of harvesting from nature.

"Natural" ingredients, by contrast, are held up as being good. In fact, plants are miniature chemical factories, each plant producing hundreds and sometimes thousands of chemicals. Many botanical substances are potent irritants or sensitisers and many also contain toxic compounds. Some are banned from use in cosmetics for these very reasons. However, many natural ingredients do have useful properties, are perfectly safe and many manufacturers incorporate them in their products.

- Making the story relevant to the target audience. References to the unborn child, pregnant women, the reproductive system or children all help to raise the fear factor.

hair sprays and products containing fragrance.

Classical toxicology shows them to be very safe and their long-term use in the types of products listed above has not shown any health concerns. However, a publication in 1996, *Our Stolen Future*,[2] postulated that long-term exposure to a wide range of chemicals at very low concentrations could affect the endocrine system, causing a range of adverse health effects. Phthalates were included in this list of endocrine disrupting chemicals.

Environmental groups have launched a concerted campaign against phthalates, in particular their use in the plastics industry.

A huge research effort by government, industry and independent scientists has yet to provide any conclusive proof of this hypothesis for normal exposure to these chemicals. Although the European Commission introduced an emergency measure to restrict the use of phthalates in soft toys likely to be sucked or chewed by children, the chairman of the EU's Scientific Committee on Toxicology, Ecotoxicity and the Environment said his committee was surprised as there was no evidence of any immediate risk.

As far as cosmetics are concerned, the skin may absorb phthalates, but they are rapidly metabolised into various breakdown products, none of which have any health concerns, and excreted from the body.

Currently, there is no suggestion by regulators, government or independent scientists and toxicologists that the three phthalates used in topically-applied cosmetics, dibutyl phthalate, diethyl phthalate or dimethyl phthalate, should be restricted in any way.

Alcohol

Ethanol, commonly known as alcohol, is widely used in cosmetics as an astringent and solvent for perfume oils. It is found in product categories such as fragrances, hairsprays, deodorants, skincare preparations, creams and mouthwashes.

Discovered by accident in ancient times through fermentation caused by wild yeasts, alcohol is consumed in beer, wine and spirits, and is an important industrial chemical. Its health effects are well studied.

In concentrated form, ethanol is flammable and poisonous. Excess consumption affects the liver, eventually causing cirrhosis after prolonged exposure, and increases the risk of cancer of the mouth, pharynx, larynx and oesophagus.

However, pure alcohol itself is not associated with carcinogenicity and exposure from cosmetic products, including mouthwashes, is low and well within the metabolic capability of the body. Skin products containing alcohol do not raise any safety concerns whatsoever.

[1] The US spelling has been adopted as used in the International Nomenclature of Cosmetic Ingredients

[2] Colborn et al 1996.

The Cosmetic Toiletry and Perfumery Association represents trademark owners, manufacturers and importers of cosmetics. Its prime focus is the safety of cosmetics and regulatory issues.

As pharmacies prepare for the busiest time of year for fragrance retailing, Sarah Thackray looks at the business of selling a dream in a bottle

Message in a bottle

Forget old ladies and lace... lavender is being transformed from a traditional scent to a fresh aroma with mood enhancing properties. Lentheric's new Lavender fragrance blend the therapeutic qualities of lavender with zingy top notes to give it a fresh new twist. Lavender eau de toilette spray comes in two sizes – 50ml (rsp £9.95) and 100ml (£12.95)

Have you ever stopped to wonder how much money the fragrance companies have to spend on advertising to create a "dream in a bottle"?

In the year to March 2001, a total of £46.8 million was spent on main media advertising for fragrances (AC Nielsen MMS), with the lion's share of this massive investment concentrated in the run-up to Christmas.

But the "magic" of perfume has suffered from price discounting and fine fragrance has lost its exclusive image, with many brands now available in a wide range of retail outlets.

Discounting has helped to bring fine fragrance within the reach of many consumers who may have previously bought mass market brands but are prepared to spend a little bit more for an aspirational brand which carries a designer or couture house label.

According to a recent Mintel report, some retailers (including Boots and Superdrug) regularly discount fine fragrances by up to a third.

Discounting has brought the price of fine fragrance down since the early 1990s, when Superdrug challenged the fragrance houses' refusal to allow it to sell their brands through its stores.

Since then, Superdrug has become an authorised stockist of some fine fragrance brands, but has maintained a policy of selling at lower prices than the department stores.

Many of the popular brands have either dropped their recommended retail price altogether or are available in smaller sizes at more accessible price points.

Mintel points out that because many brands are now available in a large number of outlets, a gap has opened at the top end of the market for higher-priced fragrances sold in a restricted number of outlets, and aimed at consumers who prefer an exclusive brand not worn by everyone else.

Changes in retail distribution and within stores have helped to make fine fragrance more accessible to consumers. Boots, for example, has introduced "open sell" techniques so that customers don't need to approach a beauty consultant in order to buy a fragrance.

The women's fragrance market is expected to grow to £489 million this year but Mintel reports that the market's value slipped back by 2 per cent between 1996 and 2000 due to increased price-competition and the decline in the mass fragrance sector.

For some years, mass market fragrances have been losing share to fine fragrances and only accounted for 27 per cent of the value of the total fragrance market last year.

Mass fragrances have also been hit by the success of bodysprays which offer younger customers a cheaper, lighter alternative to fragrance.

However, the mass fragrance companies have themselves exploited this situation by launching bodyspray variants of their fragrance brands, such as Coty's Exclamation!

According to Mintel research, almost half of all women wear just one favourite fragrance all the time, while only 14 per cent have a "wardrobe" of scents.

Despite numerous new fragrance launches, many women still prefer the classic brands. Chanel No 5 has consistently been a best seller for years and ever-popular mass market fragrances include Revlon's Charlie and Coty's L'Aimant.

"There is pressure on perfume manufacturers to come up with new ingredients and fragrance compositions that are not just copies of what has gone before"

The most successful newer brands on the market tend to be those which are well supported by advertising such as Dior's J'adore and Lancome's Miracle.

The last two years have witnessed a trend towards the introduction of lighter fragrances with mood enhancing properties.

In recent years, the key Christmas selling season for fragrances has started increasingly late, with sales picking up only after the first week in December.

Outside Christmas, the fragrance houses try to build sales by linking promotions to specific calendar dates, such as Valentine's Day or Mother's Day and by launching limited edition fragrances which are on sale only during the summer months.

Whereas women's fragrances were valued at £478 million in 2000, the men's market is almost half that size, reflecting the fact that fragrance use among men is not as widespread as among women. Furthermore, the bottle sizes of men's eau de toilette and aftershave tend to be larger at around 100ml, whereas women's fragrance is normally sold in 30

Cachet is all wrapped up for Christmas with a choice of five gifts ranging from a limited edition 10ml edt spray (rsp £2.95) to gift combinations like a 15ml edt with a perfumed body spray (rsp £6.95)

Noir gift sets for men give customers the chance to save money on the normal rsp of the same products bought individually. Gift packs include Talc and Deodorising Body Spray (rsp £4.95) and 50ml Aftershave Splash & Body Spray (rsp £9.95)

Changing the way a room smells

Celebrity interior designer Laurence Llewelyn-Bowen, who made his name on the TV programme *Changing Rooms*, has now turned his artistic talents to changing the way rooms smell.

Describing room fragrance as "the final touch of interior design", Laurence has used colours as inspiration for the new Bronnley Room & Body fragrance range.

The new collection comprises three products:

- the room & body spray is decorated with glitter holograms which swirl around the bottle when shaken
- an aromatic candle features a decorative Wyvern stamp and a coloured wick, which burns to release a burst of scent for around 20 hours
- Portmanteau sachets are delicately scented and can be placed in a drawer, bag, pocket or hung in a wardrobe or car.

All three products are available in six different fragrances identified by colours:

Black – a pungent blend of ebony sandalwood and styrax

Brown – an earthy perfume with vanilla and a hint of chocolate

Ivory – a rich blend of amyris, herbs and subtle floral notes

Pink – soft floral notes of lilies and jasmine with almond undertones

Scarlet – hot, fiery floral notes combined with rich amber and sun-dried fruit

Turquoise – delicate hints of lavender, sage and cypress blended with violet

The range is available to independent pharmacies.

For more information:
H Bronnley & Co Ltd
Tel: 0280 702291.

or 50ml sizes and will therefore be used up more quickly.

Mintel's research indicates that around 30 per cent of men receive fragrance as a gift. Gift with purchase promotions outside Christmas are also important in stimulating non-seasonal sales of men's fragrances. The research shows that 39 per cent of men prefer to stick to a favourite brand when buying fragrance and 36 per cent have one favourite that they wear all the time.

Younger men appear to be more receptive to the idea of a repertoire of fragrances for different occasions. They are also the most likely age group to buy costly designer fragrances.

Yet, while the value of men's fragrances is increasing, growth has not been as strong as had been previously anticipated.

A Keynote Cosmetics & Fragrances report observes that there was a marked upsurge in demand for male toiletries when men's lifestyle magazines first emerged. However, this has since slowed and the men's fragrance market only grew by 1.3 per cent between 1999 and 2000.

Despite growing competition, pharmacies/drugstores were the most important fragrance retailers in 2000, accounting for a 47 per cent value share according to Euromonitor. However, the pharmacy share of fragrance sales is declining in light of increasing competition from grocery outlets, which often stock fragrances at discounted prices.

Euromonitor forecasts that the UK market for fragrances will experience only marginal growth in the next few years to stand at £708 million in 2005.

"Growth will be hampered by a decline in mass fragrances and static sales within women's premium fragrances, an area where growth potential has largely been exhausted," says Euromonitor.

Mintel points out that there is pressure on perfume manufacturers to come up with new ingredients and fragrance compositions that are not just copies of what has gone before.

The fragrance supply houses are currently working on new technologies to create new scents.

Quest International, a leading fragrance supplier, is now using latest Biocapture techniques to "capture" the smells of nature and enable scientists to replicate scent molecules within a laboratory. Scent molecules are collected from the air surrounding the fragrant part of a flower or other specimen with a round glass bell jar containing a micro absorber. Solvent is then run through the trap which is analysed to identify the fragrance constituents.

This technique has recently been extended to trap odour molecules in water. During a trip to Nosa Hara off the coast of Madagascar, the Quest team captured underwater scent molecules, specifically the highly distinctive scent of submerged coral, to allow perfumers to bottle the true scent of the sea.

Quest is confident that its oils which replicate these scents will form the character of new perfumes in the future. So, it may not be long before you'll be able to sell customers a "dream in a bottle" that's as close as they can get to the real thing!

Top fine fragrances

- Calvin Klein
- Yves Saint Laurent
- Estee Lauder
- Chanel
- Hugo Boss
- Christian Dior

Top mass fragrances

- Lynx
- Gillette Series
- Coty
- Yves Rocher
- Revlon
- Old Spice

Source: Taylor Nelson Sofres July 29, 2001 - top brands in pharmacies (includes gift packs)

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Appointments

Kristian Stuart

Following the move by Tesco in August into complementary medicine, pharmacist **Nooshin Abderabbani** has been appointed project manager for the Nutricentre@Tesco. She was previously a regional manager.

Steve Coleman, also a regional pharmacy manager, has been promoted to pharmacy services manager to oversee delivery of the Pharmacy Plan within Tesco. Three new regional managers have been appointed. They are **Diane Wood** (previously pharmacy manager at Didcot), **Geoff Pryor** (Stratford) and **Mark Silcock** (Galashiels).

Morag Mathieson has been appointed continuing professional development manager at Moss Pharmacy. She was previously pharmacy superintendent for Belfast Co-op Chemists and has recently worked as a facilitator for the RPSGB's CPD pilot project.

Three new staff have joined Potter's sales and marketing division. **Steven Mayes** becomes southern area sales manager, joining from Nucare. **David Morris** joins from Brewhurst as northern area sales manager and **Jayne Holmes** is appointed sales administrator.

Jeremy Holland has joined Chemist Brokers from Asda/Wal-Mart as a national account manager, while **Kristian Stuart** joins from Innovex as a territory sales executive (his sideline is badminton – he has been Northants county champion for the past three years).

Sian Jarvis has been appointed director of communications at the Department of Health in London. She joined the DoH as deputy director (head of news) in October 1999.

Jo Falconer, pharmacy manager a the Co-op Pharmacy in Furlong Road, Tunstall, has won a £1,500 prize and a silver salver for giving the best customer service in the group. She has shared part of her prize with her four colleagues. "I couldn't have achieved this witho their help and support," she said. is pictured receiving her prize fro Bill Hoult, Co-op vice president

Prize winners and judges at the Warner Lambert Consumer Healthcare Pharmacy Awards gathered in London recently for the prize giving. Students from 16 schools of pharmacy competed for a £1,000 bursary by submitting an essay in one of four categories. Top of the form was an entry from Paul Aliu (right) and Diarmuid Coughlan (second right) from Sunderland, which looked at community pharmacy intervention in diabetes management. They are seen here with Professor John Lloyd (centre), the head of the School of Pharmacy at Sunderland (which collected a £3,000 bursary), and the judges (from left) WLCH category manager Barbara Hodgson, NPA director John D'Arcy, PAGB chief executive Sheila Kelly and C&D editor Patrick Grice

We have ways of making you talk

Private Rx better watch out. It has a new member in the shape of SPGC secretary Frank Owens. But he hasn't joined to chat on the net. He is intent on tracking down the B!**er (that's gaelic for a not very nice person) who tampered with his mobile phone recently.

Frank, a gregarious fellow, made the mistake of going to a Private Rx booze up after hours at the BPC last month. Some B!**er got hold of his mobile phone and reprogrammed all the settings – in Russian. It took him three days to find a phonemate with a similar model so that he could compare the text and reconfigure the settings in English. If Private Rx starts spouting Serbo-Croat you'll know why.

Galen's president bows out

Dr Allen McClay retired as president of Northern Ireland pharmaceutical company, Galen, at the end of September, aged 69.

He founded Galen in 1968 and built it into an international speciali pharmaceutical company. Chairman Dr John King said: "After 33 yea of leadership we will will miss him, but I am sure it will not be the las we see of him."

Dr McClay has been the benefactor of a number of pharmacy institutions in Northern Ireland.

Douglas keeps it in the family

Douglas Davidson of Davidsons Chemist, Wellmeadow, Blairgowrie, has followed in his father's footsteps and celebrated 50 years on the register on September 12.

A familiar figure on the conference circuit, Mr Davidson has been a member of the Society's Council and received its Silver Medal. Local he has been a Justice of the Peace (like his father). He has also served Tayside Health Board for almost half his professional career.

The British Pharmaceutical Conference is well known as a place to network but you would normally expect it to be with other pharmacists – not famous football managers. Mr Venables was unfortunate enough to have been staying at the conference hotel where he was accosted by Anthony Cox and Sid Dajani (the one in the dodgy shirt!). The member of staff from the *PJ* who said that she had seen a football manager in the lif but didn't know whether it was Sir Alex Ferguson or Terry Venables shall remain nameless – unless you really beg us to tell you

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